

Plan for Voluntary Smith House Closure

City of Stamford

November 10, 2015

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Overview

Purpose for Voluntary Nursing Facility Closure

The Goal of the Closure Process

Maintaining Resident Focus During the Closure Process

Flowchart of Nursing Facility Closure Process

Major Phases Involved in Resident Relocation

- Notification of Closure and Initial Meetings LOI CON
- Information Gathering
- Person-centered Discharge Planning
- Visit and Selection of New Residence
- Transfer of Resident and Belongings
- Preparation for Resident's Arrival at New Residence
- Resident Follow-up and Closure Process Evaluation

Roles and Responsibilities

- Nursing Facility
- Local Closure Team

Daily Checklists and Meeting Tasks

Forms

- Resident, Family and Guardian
- Placement Worker
- Nursing Facility Administrator
- Facility Closure Coordinator
- Nursing Facility Director of Nursing (DON)
- Scheduler
- Direct Caregiver
- Other Nursing Facility Staff (Activities, Business Office, Nursing Staff, All Other Staff)
- Receiving Residence
- Hospice Service Provider

Purpose of Voluntary Nursing Facility Closure

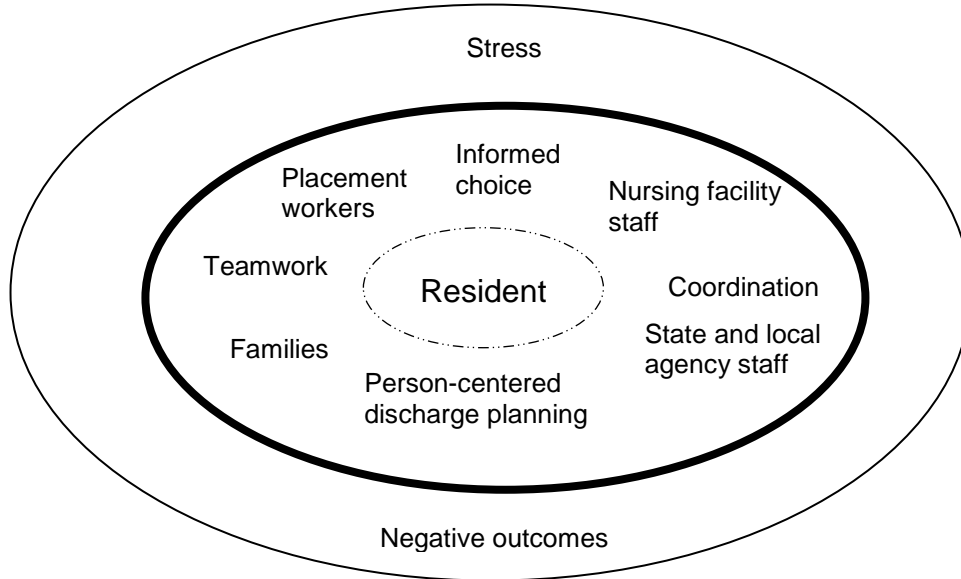
The purpose of this plan is for the City of Stamford to safely and properly close Smith House (SNF) while following State and federal laws, upholding resident rights, providing quality care, and keeping the interests of residents, families, and employees in the forefront.

Goal of the Closure Process

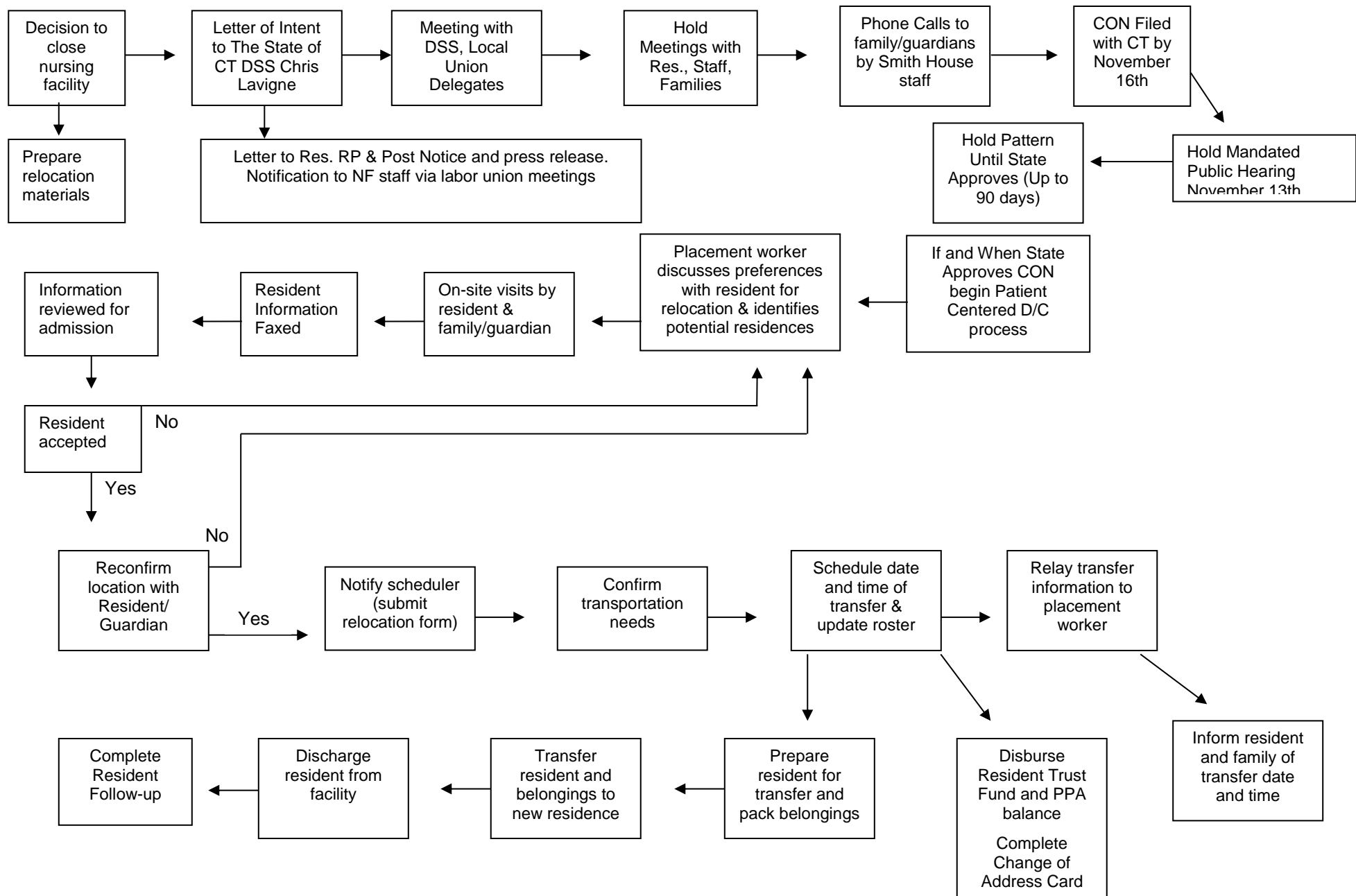
To achieve the overall goal of helping residents move to a new residence while minimizing relocation stress, all parties involved must:

- ◆ Remain focused on the best outcomes for the residents
- ◆ Communicate that, until the State of Connecticut approves the CON closure request, no resident may be transferred unless initiated by themselves or their family
- ◆ Assure that residents' choices and preferences are considered and honored
- ◆ Acknowledge the residents' and staff's feelings of loss, mistrust or confusion
- ◆ Contribute to a resident focused approach necessary for a successful relocation process
- ◆ Insure safe and timely transfer of residents to new residences
- ◆ Conduct business in a professional and collaborative manner
- ◆ Support the daily routines of residents and nursing facility operations
- ◆ Create a blameless environment focusing on positive outcomes and solutions

Suggested In-Service Resident Focus Resident Focus During the Closure Process



Flowchart for Smith House Closure Process



Major Phases Involved in the Resident Relocation Process

- ◆ Notification of closure
- ◆ Information gathering
- ◆ Person-Centered Discharge Planning
- ◆ Visit and selection of new residence
- ◆ Physical transfer of resident and belongings
- ◆ Preparation for resident's arrival at new residence
- ◆ Resident follow-up and closure process evaluation

Notification of Closure and Initial Meetings

As required by the General Statutes of Connecticut, Sec. 17b-352, the nursing home must send a letter of intent to DSS, Chris Lavigne.

The Connecticut Code also requires notice to be given simultaneously of the letter of intent of closure to residents, family members, and residents' representatives or guardians via mail and posting prominently throughout the facility.

The State of Connecticut will then send the facility CON documents. The facility must complete the CON and submit it.

The State will require a public hearing and has up to 90 days to approve closure.

Once the State approves closure then:

The federal notification process required by The Centers for Medicare and Medicaid Services (CMS) can be reviewed at the CMS website.

7552 - Transfer of Residents and Transfer of Residents with Closure of Facility

7552.1 - Introduction

7552.2 - Responsibility for Transferring Residents

(Rev. 63, Issued: 09-10-10, Effective: 09-10-10, Implementation: 09-10-10)

The State has the ultimate responsibility for transferring Medicare and Medicaid residents when a facility is terminated. In some instances, a facility may assume responsibility for the safe and orderly transfer of residents when it is closed or its provider agreement is terminated. However, this does not relieve the State of its ultimate responsibility to transfer residents. The goal must be to minimize the period of time during which residents are receiving less than adequate care. CMS is specifying that transfer requirements apply only to Medicare and Medicaid residents and not to private pay residents. However, when a facility is closed, regardless of whether the closure is a result of action taken by the State or by the facility, the State may have plans available to provide assistance in the relocation of private pay residents.

Written Notification

The written notification letter includes:

- ◆ A detailed reason for closure
- ◆ A brief closure plan including expected timeframes
- ◆ The name, address and phone number of the State LTC Ombudsman
- ◆ The name of contact person at the nursing facility for additional information
- ◆ Information about the resident and family meeting(s) for residents, families and guardians including the date, time, location and purpose

Written notice must be sent to:

- ◆ Residents, families and guardians
- ◆ Long Term Care Ombudsman
- ◆ Managed care plans/ Hospices, etc.

Consider sending written notification to:

- ◆ State Long Term Care Ombudsman
- ◆ Nursing facility Medical Director and attending physicians
- ◆ Nursing facility contractual staff and consultants
- ◆ Nursing facility vendors
- ◆ Local hospitals
- ◆ Local community organizations
- ◆ Media

Verbal Notification

Facility administration and management staff will coordinate verbal notification to residents, families, guardians and staff, marking the first day of the closure process, as explained in Daily Checklists and Meeting Tasks.

Since the nursing facility staff knows the residents best, use best judgment of how to notify residents. Consider smaller sized groups, one-on-one meetings and/or resident/family groups at different times of the day. Develop a plan to avoid having residents hear the news by overhearing upset employees or having the resident not know the exact details for several days and worry unnecessarily. It is best to have direct communication with the residents, supported by written notice as appropriate, explaining that additional meetings will be scheduled to discuss options and that a placement worker will be assigned to offer support to them and their families through the relocation process.

Nursing facility staff will need to be reassured of the owner's intention to continue wages and benefits, and to assist in job placement resources. Staff members are likely to respond with greater confidence if the notification is made directly by the administrator and/or owner. Deliver the announcement of the closure in a supportive manner, free of blame or threat. The full complement of nursing facility staff will be needed to complete the relocation process so assuring staff members of their continuing importance in serving residents is a key message to convey.

The nursing facility administration will assign staff to make phone calls to family members and guardians to inform them of the closure and invite them to attend a resident and family meeting.

Resident and Family Meeting After LOI is sent and after State approves CON

The resident and family meeting should be held twice; once to explain the CON process and again if the CON process is approved, then by the third day of closure. Some facilities have found it helpful to hold two meetings—one during the day and one in the evening. The resident and family meeting is facilitated by the nursing facility

administrator or owner representative. State Agency staff will also be present and can speak about their role in the closure. Family members often use this meeting to express their feelings about the closure, which can include anger, sadness, disappointment, fear, and loss. We suggest that feelings be acknowledged and addressed.

It is often most helpful to allow time after the meeting for families to meet with their assigned placement worker. It allows families to speak with a person about the process and to feel as if they are doing something to take care of their loved one. It is not recommended that representatives from other potential residences attend the resident and family meeting. The best option is for residents and families to visit several other residences before making a decision.

POST CON APPROVAL Local Closure Team Meeting

Ask the below to partake in a weekly meeting

The meeting participants may include:

- ◆ Survey Agency staff
- ◆ Local DSS staff
- ◆ Local Managed Care Group
- ◆ Local Guardians
- ◆ Local Union Delegates
- ◆ Local Hospice representative
- ◆ State and local LTC Ombudsman staff
- ◆ Key Nursing Facility Staff
- ◆ Other service organizations that serve the community and nursing facility

The purposes of this meeting are to:

- ◆ Insure that all participants have correct information about what is happening
- ◆ Clarify the role of each agency in the closure
- ◆ Identify a lead person from each agency and make sure that everyone knows how to make contact with the lead
- ◆ Insure that the nursing facility administrator and staff understand the role and contact person for each agency involved in the closure
- ◆ Identify key nursing facility staff assigned to relocation tasks
- ◆ Designate the most appropriate placement worker for each resident

Information Gathering Process

Exchange of information between nursing facility staff, placement workers and the local closure team is critical to successful resident relocations. The following information is gathered during the first few days of closure:

- ◆ Resident face sheets
- ◆ Current resident roster
- ◆ Medicaid status for all eligible residents

- ◆ Medicare benefit days remaining
- ◆ Bed availability/vacancies at other residences
- ◆ Availability of community based services
- ◆ Enforcement remedies imposed against local nursing facilities
- ◆ Ranking of local nursing facilities base on compliance history, if available
- ◆ Residents receiving DDS or DMH services
- ◆ Residents needing
 - a legal guardian
 - a Medicaid application
 - an OBRA screen (PASARR I or II)
- ◆ Upcoming medical procedures or appointments for residents

Person-Centered Discharge Planning Process

For the most effective discharge planning process, a resident focused approach must be used to assess the resident's needs. Initially, the placement worker meets with the resident and/or a family member/guardian to discuss and review the resident's relocation preferences and quality of life concerns.

The next step in the process includes gathering information about the resident from other disciplines, including nursing, activity staff, direct caregivers, volunteers, family members, and staff from other shifts. This information includes the resident's functional status with Activities of Daily Living (ADLs), perceived likes and dislikes, daily routines, and effective resident-specific interventions.

The placement worker determines what potential barriers exist to meeting the resident's needs or wishes for placement and determines possible solutions. The Person-Centered Discharge Planning tool is provided in the Placement Worker tool kit.

Visit and Selection of New Residence

Once the Person-Centered Discharge Planning tool is complete, the placement worker identifies possible relocation options based on the resident's preferences for living arrangements, medical needs, desired geographical location, and availability of services and/or beds. All options are considered regardless of the current level of care or resident's medical condition. Other agencies can be called upon to assist with a residential placement or return to the resident's home. On-site visits to the potential residences are the best way to insure that a good decision is made. The Comparison of On-site Visits form (included in the Resident, Family and Guardian tool kit) assists the visitor in recording information to compare multiple residences. The completed form is a useful tool for making informed relocation decisions in cooperation with the placement worker.

Once residences of choice are identified by the resident/family/guardian, the placement worker requests that the resident's Person-Centered Discharge Planning

Form, physician's orders and medical record face sheet are faxed to potential residences for review. The placement worker contacts the residences to insure the information was received and reviewed and determines if the resident has been accepted for admission. In some circumstances, it has been found helpful for receiving residence staff members to visit and assess the resident personally. The resident or guardian then makes a final decision for relocation and the placement worker notifies scheduler, who arranges transportation.

Transfer of Resident and Belongings

Preparing the resident for transfer requires support from nursing facility staff not only in the physical preparation of materials and belongings, but also with ADL assistance and emotional support for the resident.

The facility administrator will designate a scheduler who will coordinate the transfer dates and times with receiving residences. The scheduler will limit the number of residents leaving per day and limit the number of residents to one location per day to assure adequate time for the receiving residences to properly prepare for residents' arrivals. Once scheduled for transfer, the placement worker notifies the resident and family/guardian of the transfer date and time. This will allow the resident ample time to prepare for leaving.

The day before the resident is scheduled to leave, the resident's belongings are packed with care and appropriately labeled. The resident participates in packing and/or requests assistance from family or nursing facility staff. Using boxes to pack belongings is a dignified touch, in contrast to using plastic bags.

The resident is bathed or showered the day before his/her scheduled transfer. Staff considers additional hygiene assistance the day of transfer. The resident's nails are trimmed and painted, if appropriate. This activity allows nursing facility staff and residents an opportunity for one-on-one time.

On the day of transfer, the resident dresses in clean clothing and the resident's hair is styled/combed. Allow adequate time for the resident to say good-bye to other residents and nursing facility staff. An opportunity for leave-taking contributes positively to a smooth transition. While the resident is saying his/her good-byes, belongings are loaded into the transfer vehicle. Best Practice guidelines strongly suggest that the resident is accompanied to the new location and introduced to staff. The scheduling and return transportation of resident escorts is determined during the daily local team meetings.

Detailed steps for the transfer process are included in the tool kits.

Preparation for Resident's Arrival at New Residence

Staff members at the receiving residence have a significant impact on the success of the resident's transition. By reviewing and planning ahead of time for the resident's

needs and preferences as described on the Person-Centered Discharge Planning form, the new residence is able to provide a warm, sensitive welcome tailored to the resident.

Upon arrival, the resident's discharge transfer packet is distributed and reviewed by caregivers to insure that the resident's needs and preferences are addressed. For a resident with dementia, special sensitivity and care must be taken during the first days of relocation. Consider balancing the need for resident assessment and interview with the resident's adjustment and psychosocial needs. Best practice suggestions for residents with dementia who are being relocated are found in the tool kits.

Resident Follow-up and Closure Process Evaluation

Resident Follow-up

Placement workers make follow-up calls to new residences within 24 to 48 hours of transfer. The Closure Coordinator will monitor to insure this activity is completed for all residents and will review the feedback for evaluation purposes.

The local ombudsmen conduct on-site visits with residents transferred to other licensed facilities in their service areas. DSS and DDS or DMH local agency staff follow-up on residents during the next 90 days to check on their status post relocation. Information on resident follow-up is shared with the Closure Coordinator for review and evaluation.

Roles and Responsibilities

Nursing Facility

The nursing facility administration remains responsible for the operation of the facility, and the owner/governing body remains responsible for the oversight of the nursing facility operation. Extra steps must be taken to insure the safety and wellbeing of residents. The nursing facility may be required to increase both monetary and manpower resources to complete additional tasks during the closure process. The nursing facility must continue its practice for insuring the confidentiality of resident information. The nursing facility must incorporate its current evacuation plan into the closure plan in the event of an emergency or natural disaster.

Closure Team

Collectively, the members of the Closure Team are responsible for supporting the relocation process to assure a safe and orderly transfer for all residents. The team may be comprised of representatives from DSS, Ombudsman Program, Hospice, and the Closure Coordinator.

Daily Checklists and Meeting Tasks

Prior to Day 1 – Focus on Decision to Close and Preparing Initial Notification

Day 1 – Focus on Notification and Information Gathering for LOI and CON

Day 2 – Focus on Communicating the CON rules to all staff and families make sure everyone clearly understand that only DSS can close a facility.

POST APPROVAL DAY PLAN THE CON IS APPROVED AND DSS ALLOWS CLOSURE THEN

Day 1 – Focus on Notification and Information Gathering

Day 2 – Focus on Assessment and Person-Centered Discharge Planning Process
Communicating to all parties

Day 3 – Focus on Resident and Family Meeting and Relocation Process

All Other Days – Focus on Daily Tasks to Accomplish Relocation

Last Day – Focus on Closing the Nursing Facility and Securing Records & Equipment

Day 1 is determined by the date the nursing facility residents are notified of the closure. In a well-planned closure, some steps from Day1 are completed prior to resident notification (i.e., notifying management staff and facility staff, scheduling the resident and family meeting, preparing notification letters for mailing, and arrival of Closure Coordinator on-site).

Daily meetings are scheduled with the Local Closure Team and the key nursing facility staff. Meeting agendas are provided in the following pages for the first three days of closure. On subsequent days, the daily meeting includes discussion of challenging placements, outstanding issues from previous days, a verbal update on progress by each placement worker, an update of the resident relocation roster, and an opportunity to voice concerns and ask questions. These meetings are facilitated by the Closure Coordinator in conjunction with the Nursing Facility Administrator.

Checklist for Prior to Day 1

Focus on decision to close the nursing facility and preparing initial notification

Nursing Facility Administrator

Before the decision is made to close the nursing facility

- _____ Contact nursing facility's Licensing Officer to discuss possibility of closure
- _____ Contact governing body (board of directors, owner, etc.) for final decision and closure plan development

Once the decision is made to close the nursing facility

- _____ Notify nursing facility Licensing Officer by phone and in writing of closure
- _____ Issue public notice of nursing facility closure in local newspaper to coordinate with resident notification
- _____ Develop plan for nursing facility closure
- _____ Submit closure plan and current resident roster to Closure Coordinator

Nursing Facility Closure Coordinator

- _____ Prepare supplies and materials necessary for nursing facility closure
- _____ Determine availability of additional staff resources if needed
- _____ Secure transportation and lodging for self and additional staff if necessary
- _____ Assure adequate tool kits are prepared for initial arrival

Meeting Tasks for Day 1

Nursing Facility Administrator and Closure Coordinator Meeting

- Discuss plan for closure
- Review nursing facility closure best practice process including roles and responsibilities
- Review rules and laws
- Identify facility personnel to serve as placement workers and scheduler
- Determine additional need for placement workers from local agencies including Department of Social Services, Community Mental Health, and Hospice
- Schedule date, time and location for resident and family meeting(s)
- Develop notification process for residents, families, and facility staff

Nursing Facility Management Staff Meeting with Nursing Facility Administrator and Closure Coordinator

- Inform management staff of closure and reasons for decision
- Review nursing facility closure best practice process including roles and responsibilities
- Assign facility personnel to serve as placement workers
- Assign facility personnel to notify residents of closure and review process
- Assign facility personnel to notify families and guardians of closure (refer to letter for guidance)

Nursing Facility Staff meetings with Nursing Facility Administrator and Closure Coordinator

- Inform NF staff of closure – hold one meeting per shift
- Discuss staff's role in closure
- Utilize checklist in NF administrator tool kit for meeting

Checklist for Day 1

Tasks focus on notification and information gathering

Nursing Facility Administrator

- _____ Determines work area for local closure team with Closure Coordinator
- _____ Prepares nursing facility closure notification letter including date, time and location of resident and family meetings for immediate mailing by business office staff
- _____ Prepares nursing facility closure notification letter to mail to vendors, physicians, media, state and local agencies, community groups, etc., for immediate mailing by the business office staff

Closure Coordinator

- _____ Notifies local closure team members and State Closure Team Leader of resident and family meetings
- _____ Requests additional placement worker resources if necessary and requests participation in Day 2 team meeting
- _____ Forwards resident face sheets to local DSS office to determine Medicaid status for eligible residents
- _____ Creates the resident relocation roster
- _____ Prepares resident specific forms for distribution to placement workers at team meeting on Day 2
- _____ Creates signs for local closure team work areas - "Closure Coordinator Work Room" and "Local Closure Team Work Room"
- _____ Reports to the State Closure Team Leader at the end of the day

Assigned Nursing Facility Staff

- _____ Call families and guardians to inform them of the nursing facility closure
- _____ Notify residents of closure
- _____ Copy resident face sheets and resident roster and forward to Closure Coordinator

NF Business Office Staff

- _____ Prepare envelopes for mailings
- _____ Mail letters to families, guardians, vendors, agencies, physicians, etc.
- _____ Acquire change of address cards for residents from post office

Local Department of Social Services

- _____ Begins Medicaid status check on eligible residents using resident face sheets

Meeting Tasks for Day 2

Local Closure Team and Key Nursing Facility Staff Meeting

- Discuss progress from Day 1
- Review Person-Centered Discharge Planning process and tool kit
- Assign a placement worker to each resident
- Discuss process for faxing materials for placement
- Discuss process for notifying scheduler of placement
- Assign staff to prepare materials for resident and family meeting
- Assign staff to fax resident information to facilities
- Assign staff to serve as the scheduler and discuss process
- Assign staff to prepare the meeting room for the resident and family meetings and discuss room set-up
- Discuss concerns or issues

Checklist for Day 2

Tasks focus on assessment and Person-Centered Discharge Planning process

Nursing Facility Administrator

- _____ Complete facility assessment with Closure Coordinator
- _____ Prepares agenda for Resident and Family Meetings (see sample in tool kit)

Closure Coordinator

- _____ Creates materials for team meeting
- _____ Serves as facilitator for team meeting
- _____ Complete facility assessment with Administrator
- _____ Reports to the State Closure Team Leader or designee at the end of the day

Placement Workers

- _____ Begin Person-Centered Discharge Planning process

Assigned Nursing Facility Staff

- _____ Continue tasks from Day 1, if not completed
- _____ Reproduce materials for Resident and Family meeting
- _____ Prepare Resident Transfer packets
- _____ Fax resident information at placement worker request
- _____ Plan for room set up and refreshments for the Resident and Family meetings

NF Business Office Staff

- _____ Continue tasks from Day 1, if not completed
- _____ Prepare plan to disburse Resident Trust Fund and Patient Pay balances, if necessary

Local Department of Social Services

- _____ Continue tasks from Day 1, if not completed
- _____ Schedule staff to participate in Resident and Family meetings

Meeting Tasks for Day 3

Refer to tool kits for more details on meetings and agenda items

Local Closure Team and Key Nursing Facility Staff Meeting

- Discuss progress from previous days
- Discuss Person-Centered Discharge Planning progress, barriers and concerns
- Review and update resident relocation roster
- Discuss process for assisting residents in packing and assuring all items are inventoried, packed, and appropriately labeled
- Discuss process for residents' physical transfer out of the building
- Discuss process for resident and family meetings including participation by team members
- Discuss concerns or issues

Resident and Family Meetings

- Discuss decision for closure
- Identify placement worker assignments
- Review resident/family/guardian tool kit
- Discuss resources available throughout the relocation process
- Discuss concerns or issues

Checklist for Day 3

Focus on resident and family meetings and planning for resident transfers

Nursing Facility Administrator

- _____ Prepares for the resident and family meetings
- _____ Serves as facilitator at meetings
- _____ Sets positive tone and remains focused on residents
- _____ Assigns staff to monitor residents at meeting for signs of distress

Closure Coordinator

- _____ Serves as facilitator for team meeting
- _____ Confirms local team members will be present at resident and family meetings
- _____ Addresses any unresolved issues, questions or concerns
- _____ Distributes updated Resident Relocation Roster to DSS at the end of the day
- _____ Reports to the State Closure Team Leader at the end of the day

Assigned Nursing Facility Staff

- _____ Continue tasks from previous days
- _____ Prepare meeting room for resident and family meetings
- _____ Prepare refreshments for resident and family meetings
- _____ Fax resident information at placement worker request
- _____ Offer assistance in packing at resident's request

Local Closure Team Members

- _____ Participate in resident and family meetings
- _____ Prepare written materials to distribute at resident and family meetings

State Closure Team Members

- _____ Participate in resident and family meetings

Placement Workers

- _____ Continue Person-Centered Discharge Planning process
- _____ Attend resident and family meetings

Residents, Families and Guardians

- _____ Attend a resident and family meeting
- _____ Meet with placement worker to begin Resident-centered Discharge Planning process

Meeting Tasks for All Other Days

Local Closure Team and Key Nursing Facility Staff Meeting

- Discuss progress from previous days
- Discuss Person-Centered Discharge Planning progress, barriers and concerns
- Discuss challenging placements and identify solutions
- Review and update resident relocation roster
- Quick verbal update from each team member to discuss any concerns or issues

Checklist for Last Day

Focus on closing nursing facility and securing records & equipment

Nursing Facility Administrator

- _____ Contacts vendors to discuss discontinuation of services/supplies
- _____ Assures all resident belongings and finances have been accounted for and transferred
- _____ Assures clinical records are secure contract with offsite record storage
- _____ Notifies DSS in writing of location of clinical records and process to access resident information once facility is closed
- _____ Addresses nursing facility licensure with Licensing Officer
- _____ Discusses final cost reporting with Reimbursement and Rate Setting Section at DSS and Marcum
- _____ Places notice at facility entrances once facility closes to include contact information for administrator and/or owner and the date of closure
- _____ Updates recorded telephone greeting to indicate contacting information for administrator and/or owner and date of closure

Closure Coordinator

- _____ Confirms resident belongings and finances are disbursed
- _____ Notifies the State Closure Team Leader when the last resident transfers
- _____ Addresses any unresolved issues, questions or concerns
- _____ Distributes final Resident Relocation Roster to local closure team members and facility administrator
- _____ Obtain post closure contact information for administrator and other key facility staff

State Closure Team Leader

- _____ Notifies State Closure Team that closure is completed
- _____ Notifies Reimbursement and Rate Setting Section, Provider Enrollment that closure is completed

Forms

Resident Role and Responsibilities

The resident is the most important individual in the relocation process. The resident's role includes the options to:

- ◆ indicate preferences for new residence
- ◆ have a voice in the decision-making process
- ◆ attend informational meetings to learn about the reasons for the nursing facility closure and to get information about relocation options and assistance available
- ◆ participate in the Person–Centered Discharge Planning process, as able
- ◆ work with the assigned placement worker to determine the most feasible level of care placement
- ◆ participate in on-site visits to potential residences, as able
- ◆ inventory and pack personal belongings, as able
- ◆ participate in the admission and care planning process at the new residence

Family and Guardian Role and Responsibilities

If the resident is independent in decision-making, family members can offer support and guidance to the resident in the decision making process. If the resident is unable to voice his or her preferences for relocation, active participation by family members and guardians is necessary for successful placement.

The role of family representatives and/or legal guardian include:

- ◆ attending the resident and family meeting to obtain information about the reasons for the nursing facility closure, options available for relocation and assistance available from local agencies
- ◆ communicating resident's needs and preferences to the placement worker by actively participating in the discharge planning process
- ◆ visiting potential residences to discuss the resident's needs and determine if the residence would be an appropriate selection
- ◆ indicating level of care and residence preference when the resident is not able
- ◆ consider visiting more often during the relocation process to support the resident emotionally
- ◆ assisting the resident when feasible to visit potential residences and help with making a final choice
- ◆ completing the admission process at the new residence prior to relocation, if applicable

Guide for Resident/Family/Guardian During Nursing Facility (NF) Closure

The relocation process is often an emotional and difficult task for resident, families and guardians. These materials have been developed to assist and guide you through this process. You will receive support from your assigned placement worker and from representatives from various agencies. It is important for you to participate in the Person-Centered Discharge Planning process to determine the most appropriate relocation options and to visit several potential residences, if possible. Be sure to use the Comparison of On-site Visits Form during your visits. At any time in the process, discuss concerns with and direct questions to your assigned placement worker. He/she can be a valuable resource and support to you.

Placement worker name _____

Placement worker phone number _____

Notes from the Resident/Family meeting _____

Tasks for the Resident, Family and/or Guardian During the Relocation Process

- _____ Discuss needs wishes and/or concerns with assigned placement worker
- _____ Participate in Person-Centered Discharge Planning process
- _____ Visit potential residences
- _____ Use the Comparison for On-Site Visits guide
- _____ Discuss visits with placement worker to determine new residence
- _____ Remove valuable or irreplaceable items (only at resident's request/approval)
- _____ Add list of items removed to the resident's clinical record
- _____ Ask questions and voice concerns throughout the process
- _____ Offer support to resident during transfer
- _____ Complete the admission process at the new location within 24 hours of transfer

Comparison of On-site Visits

This guide can assist you in recording information and making informed decisions with your placement worker for relocation. Carry it with you when visiting. It will help you to compare multiple locations. Listed below are some areas you may want to be aware of during your visits as well as some questions you may want to ask. Not all questions are applicable to each type of relocation setting and the list is not all-inclusive.

Name of Residence	Contact Person	Phone Number	Date of Visit
A _____	_____	_____	_____
B _____	_____	_____	_____
C _____	_____	_____	_____

	Residence A Yes/No	Residence B Yes/No	Residence C Yes/No
Is the general atmosphere warm, pleasant & cheerful?			
Do staff show genuine interest in and affection for residents?			
Do residents look well cared for and generally content?			
Is the residence clean and orderly?			
Is the residence free of unpleasant odors?			
Does the residence offer designated smoking areas?			
Are call lights answered within a reasonable time frame?			
Does the food look appetizing with adequate serving sizes?			
Do residents who need help in eating receive assistance?			
Does the residence offer activities that you would enjoy?			
Are activities offered for residents who are relatively inactive, confined to their rooms or cognitively impaired?			
Do residents have an opportunity to attend religious services and talk with their clergymen, both in and outside the home?			
Is fresh drinking water within reach of the resident?			
Do staff knock before entering a resident's room?			
Is there a lounge where residents can chat, read, play games, watch television or just relax away from their rooms?			
Does the residence have an outdoor area where residents can get fresh air and sunshine and do residents use this area freely?			
Did the residence's representative ask about your (or your family member's) specific needs and preferences?			
Would you be satisfied living here?			
Do you have adequate information about this residence to make a decision?			

Frequently Asked Questions

1. How will I be supported in making the decision for a new residence?

A placement worker will be assigned to every resident to assist in the relocation process including identification of potential residences. You are encouraged to visit and tour potential residences to determine which one best meets your needs and preferences. The Ombudsman can coordinate support group meetings to allow you the opportunity to talk with other residents and families about your concerns and questions.

2. How much time should I take to make a decision on a new residence?

To insure you have the most options, it is best to start the process right away by meeting with your assigned placement worker. Vacancies can fill quickly, so it is best to not delay visiting potential residences to begin the selection process.

3. What is the best way to determine if a new residence is appropriate?

First, discuss your needs and preferences with your placement worker and identify potential residences. It is best to visit a potential residence to determine if it is appropriate and can meet your needs. The Comparison for On-site Visits form is an effective tool to guide you through your visit and to record information for comparing multiple residences.

4. How will residents transfer to the new residence?

The responsibility for transportation varies depending on the type of residence the resident is transferring to and the payment source for care and services. If the resident is Medicaid eligible and transferring to another nursing facility, the closing nursing facility scheduler will coordinate the transportation. The resident will either transfer by ambulance (only when medically necessary) or the receiving nursing facility will make arrangements and payment for appropriate transportation.

For relocation to lesser level of care settings like home for aged, adult foster care, or a home, and for non-Medicaid eligible residents, the facility will work with resident, family and the receiving residence to determine the best mode of transportation.

5. Who pays for the transportation to another nursing facility for a resident with Medicaid?

The family of a Medicaid eligible resident is not responsible for paying for transportation from one nursing home to another in the event of a nursing facility closure. If an ambulance is required, the closing nursing facility will bill the appropriate insurance for the transfer. For non-ambulance transfers, the receiving nursing facility is responsible for paying for the transportation for Medicaid eligible residents.

6. How will the medical record be shared with the new residence?

The closing nursing facility will prepare a transfer packet for every resident, regardless of his/her level of care preference. The packet contains information from each section of the clinical record as well as a person-centered discharge plan. Portions of this packet are faxed to the new residence in advance so medications and treatments can be arranged for the resident before he/she arrives. The entire packet is transferred with the resident.

7. What is the Person-Centered Discharge Planning process?

It is the process of the resident sharing his/her preferences and wishes for relocation and making an informed choice about his/her new residence. The resident can request assistance from family, friends, staff, and the ombudsman as well as support from any local closure team member during this process.

Discharge planning begins by the resident participating in an interview to share preferences and wishes with a placement worker. The resident then makes on-site visits or representatives from potential residences visit the resident at the closing nursing facility. Working with the placement worker, the resident makes the final decision on his/her new residence and is involved in preparing for the transfer. The resident's wishes and preferences remain the focus at all times.

8. How will personal belongings be prepared for transfer?

The facility administration will assign a team of staff to assist the residents in labeling, inventorying and packing belongings for transfer. The resident and/or family are encouraged to participate in the packing process, but it is not required and the staff can be asked to complete this task. If the family prefers to pack the belongings and transport them, the placement worker should be notified so supplies can be made available. Residents may want family members to remove irreplaceable or valuable items to assure their safety during transportation. Please notify the staff of any items removed from the nursing facility for inventory purposes.

9. How do Medicaid payments go to the new setting?

Medicaid follows the resident from one nursing facility to another. In certain levels of care, the DSS Adult Service Workers will notify DSS Eligibility Services Workers to assure eligibility and access to Medicaid benefits are not interrupted. Specific questions should be discussed with the placement worker.

10. What happens to the resident mail that is delivered to the closing nursing facility?

Change of address cards will be completed for each resident once a new residence is selected. Facility staff will forward any resident mail that arrives after the resident is relocated.

11. When will the resident trust fund monies be available?

The closing nursing facility will continue to provide resident access to the trust fund account. When a resident is scheduled to leave the nursing facility, a current accounting of the trust fund and any remaining balance will be disbursed in an appropriate and timely manner.

12. The facility is the resident's representative payee on his/her Social Security check. How is this changed when the resident moves?

If the new residence will become the new representative payee, the new residence must call the local Social Security office to make the change. If a family or friend will become the new representative payee, they must take the resident's ID to the local Social Security office to make application. If the check arrives at the closing nursing facility, it will be returned to the Social Security office for proper routing.

13. Can a resident be readmitted to the closing nursing facility?

Readmissions for residents on a hospital stay or therapeutic leave require a case-by-case review to determine if the readmission is in the best interest of the resident. The closing nursing facility should not admit new residents during the closure process.

Nursing Facility Resident Rights

As a resident of a nursing home, you have all the same rights and protections of all United States citizens. Nursing home residents also have certain rights and protections under the law. The nursing home must provide you with a written description of your legal rights.

Freedom from Discrimination

Nursing homes do not have to accept all applicants, but they must comply with Civil Rights laws that do not allow discrimination based on race, color, national origin, disability, age, or religion under certain conditions. If you believe you have been discriminated against, call the Department of Health and Human Services, Office of Civil Rights at **203-597-4181**

Contact:

Kimberly Massey

1057 Broad Street

Bridgeport, CT 06604

Kimberly.Massey@ct.gov

Respect

You have the right to be treated with dignity and respect. As long as it fits your care plan, you have the right to make your own schedule, including when you go to bed, rise in the morning, and eat your meals. You have the right to choose the activities you want to go to.

Freedom from Abuse and Neglect

You have the right to be free from verbal, sexual, physical, and mental abuse, and involuntary seclusion by anyone. This includes, but is not limited to nursing home staff, other residents, consultants, volunteers, staff from other agencies, family members or legal guardians, friends, or other individuals. If you feel you have been abused or neglected (your needs not met), report this to the nursing home, your family, your local Long-Term Care Ombudsman, or State Survey Agency. It may be appropriate to report the incident of abuse to local law enforcement or the Medicaid Fraud Control Unit (their telephone number should be posted in the nursing home).

Freedom from Restraints

Physical restraints are any manual method or physical or mechanical device, material, or equipment attached to or near your body so that you can't remove the restraint easily. They prevent freedom of movement or normal access to one's own body. A chemical restraint is a drug used to limit freedom of movement and is not needed to treat your medical symptoms.

It is against the law for a nursing home to use physical or chemical restraints, unless it is necessary to treat your medical symptoms. Restraints may not be used to punish nor for the convenience of the nursing home staff. You have the right to refuse restraint use except if you are at risk of harming yourself or others.

Money

You have the right to manage your own money or to choose someone you trust to do this for you. If you ask the nursing home to manage your personal funds, you must sign a written statement that allows the nursing home to do this for you. However, the nursing home must allow you access to your bank accounts, cash, and other financial records. The nursing home must protect your funds from any loss by buying a bond or providing other similar protections.

Information on Services and Fees

You must be informed in writing about services and fees before you move into the nursing home. The nursing home cannot require a minimum entrance fee as a condition of admission.

Privacy, Property, and Living Arrangements

You have the right to privacy, and to keep and use your personal belongings and property as long as they don't interfere with the rights, health, or safety of others. Nursing home staff should never open your mail unless you allow it. You have the right to use a telephone and talk privately. The nursing home must protect your property from theft. This may include a safe in the facility or cabinets with locked doors in resident rooms. If you and your spouse live in the same nursing home, you are entitled to share a room (if you both agree to do so).

Medical Care

You have the right to be informed about your medical condition, medications, and to see your own doctor. You also have the right to refuse medications and treatments (but this could be harmful to your health). You have the right to take part in developing your care plan. You have the right to look at your medical records and reports when you ask.

Visitors

You have the right to spend private time with visitors at any reasonable hour. The nursing home must permit your family to visit you at any time, as long as you wish to see them. You don't have to see any visitor you don't wish to see. Any person who gives you help with your health or legal services may see you at any reasonable time. This includes your doctor, representative from the health department, and your Long-Term Care Ombudsman, among others.

Social Services

The nursing home must provide you with any needed social services, including counseling, help solving problems with other residents, help in contacting legal and financial professionals, and discharge planning.

Leaving the Nursing Home

Living in a nursing home is your choice. You can choose to move to another place. However, the nursing home may have a policy that requires you to tell them before you plan to leave. If you don't, you may have to pay them an extra fee. If you are going to another nursing home, make sure that there is a bed available for you.

If your health allows and your doctor agrees, you can spend time away from the nursing home visiting friends or family during the day or overnight. Talk to the nursing home staff a few days ahead of time if you want to do this so medication and care instructions can be prepared.

Caution: If your nursing home care is covered by certain health insurance, you may not be able to leave for visits without losing your coverage.

Complaints

You have the right to make a complaint to the staff of the nursing home, or any other person, without fear of punishment. The nursing home must resolve the issue promptly.

Protection Against Unfair Transfer or Discharge

You cannot be sent to another nursing home, or made to leave the nursing home unless:

- It is necessary for the welfare, health, or safety of you or others,
- Your health has declined to the point that the nursing home cannot meet your care needs,
- Your health has improved to the point that nursing home care is no longer necessary,
- The nursing home has not been paid for services you received, or
- The nursing home closes.

Except in emergencies, nursing homes must give a 30-day written notice of their plan to discharge or transfer you. You have the right to appeal a transfer to another facility.

A nursing home cannot make you leave if you are waiting to get Medicaid. The nursing home should work with other State agencies to get payment if a family member or other individual is holding your money.

Your Family and Friends

Family members and legal guardians may meet with the families of other residents and may participate in family councils.

By law, nursing homes must develop a plan of care (care plan) for each resident. You have the right to take part in this process, and family members can help with your care plan with your permission. If your relative is your legal guardian, he or she has the right to look at all medical records about you and has the right to make important decisions on your behalf.

Family and friends can help make sure you get good quality care. They can visit and get to know the staff and the nursing home's rules.

Taken from Guide to Choosing a Nursing Home, Publication No. CMS – 02174

Resident Belongings Packing List

Resident Name _____ Room number _____

New Residence _____		Transfer _____	
		Date	Time
_____ Belts	_____ Skirt		
_____ Bible	_____ Slippers		
_____ Blouse	_____ Slip		
_____ Boots	_____ Socks		
_____ Books / Magazine	_____ Suit		
_____ Bra	_____ Suspenders		
_____ Coat / Jacket	_____ Sweater		
_____ Denture: Upper / Lower	_____ Sweat Pants		
_____ Dress	_____ Sweat Shirt		
_____ Eye Glasses	_____ Ted Hose		
_____ Eye Glass Case	_____ TV /remote taped to TV		
_____ Hat / Cap	_____ Undershirt		
_____ Nightgown	_____ Underwear		
_____ Pajamas	_____ Vest		
_____ Pants / Slacks	_____ Walker / Cane		
_____ Personal Chair (recliner / Geri)	_____ Wall Decoration		
_____ Personal Papers	_____ Wallet		
_____ Purse	_____ Wheelchair		
_____ Quilt / Comforter			
_____ Radio	_____ Bag of Personal Items ***		
_____ Robe			
_____ Shaver (Electric)			
_____ Shirt			
_____ Shoes			
_____ Shorts			

*** Could include perfume, make up, hair accessories, brush, comb, cards, photos, pencils, pens, address books, jewelry, etc.

Nursing facility staff should confirm no personal resident belongings are locked in the front office, nurses' station, nursing facility storage areas, or medication carts.

Suggestions for Supporting the Resident During Transfer

Once the resident is scheduled and prepared for relocation, the resident will need additional support during the transfer to the new residence. The resident's medical and psychosocial status will be considered to determine the most appropriate mode of transportation. Family members and staff will be encouraged to escort the resident to his/her new residence. The following steps should be considered during resident transfer.

1. Check if resident is prepared to go before the vehicle arrives (belongings packed, changed into clean clothes, last minute primping, etc.)
2. Inform the resident when the vehicle arrives
3. Load the resident's personal belongings into the vehicle
4. Allow the resident ample time to say good-bye to other residents and staff
5. Adjust the vehicle's temperature for the resident (air conditioning or heat)
6. Escort the resident at the resident's pace to the transfer vehicle
7. Comfort the resident:
 - Talk calmly with the resident
 - Use physical contact to calm the resident
 - Offer reassurance to the resident about the move
 - Go at the resident's pace – don't rush the resident
 - Indicate the location of the resident's belongings (in the vehicle, family has them, etc.)
 - Reduce the noise within in the vehicle – consider comforting music
8. If using a wheelchair lift
 - Show the resident how it works
 - Explain to the resident what to expect (noise, movement, etc.)
 - Offer to ride on the lift with the resident, if acceptable to the driver
9. When entering a bus or passenger van, point out the railings and steps to the resident
10. If multiple residents are transferring on the same vehicle, consider staying on the bus with the residents while others are boarding
11. Once at the new residence, assist the resident into the building
12. Stay with the resident while his/her belongings are being unloaded
13. Offer to assist the resident in setting up his/her room

Agency Contact List

Important Contact People re: The Smith House

For City information regarding the Certificate of Need, please call: 203-977-4246

Residents and their families

- Marlys Youngberg: Smith House Director of Admissions, Phone: 203-322-3428 x238
- Christine Hemenway: Smith House Director of Social Services, Phone: 203-322-3428 x227
- Mairead Painter: Social Worker, Department of Social Services (DSS), Money Follows the Person Unit, Phone: 860-424-5844; Email: mairead.painter@ct.gov
 - Mairead and her team will be assessing every patient and their needs
- Dawn Lambert: Project Director, DSS, Money Follows the Person Unit, Phone: 860-424-4897; Email: dawn.lambert@ct.gov
- Kimberly Massey: Long Term Care Ombudsman, Phone: 203-597-4181; Email: Kimberly.Massey@ct.gov
- Connecticut Legal Services, Stamford Office, Phone: 203-348-9216

Employees

- Moira Bryson, President of the City of Stamford Municipal Nurses Association, Phone: 203-977-4430
- Dan Colleluori, President of the MAA, Phone: 203-977-4117
- Natasha Royal, Representative of 1199, Phone: 860-549-1199

Certificate of Need

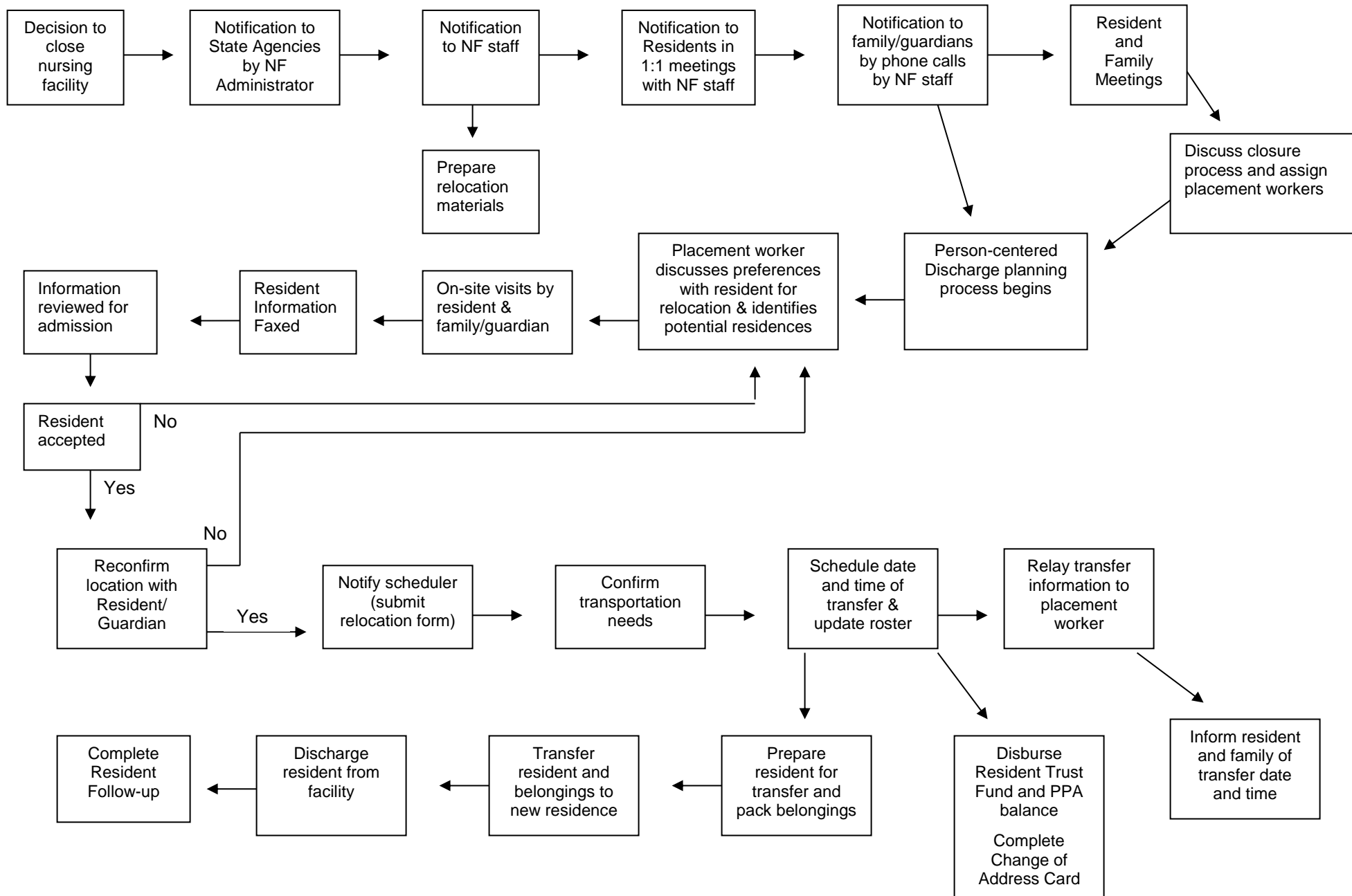
This process is governed by State Statute and is overseen by the State Department of Social Services (DSS).

- DSS Commissioner Roderick Bremby: 860-424-5053; Email: Roderick.Bremby@ct.gov
- Rich Wysocki: Project Cost Analyst, DSS, Office of Certificate of Need & Rate Setting Email: rich.wysocki@ct.gov

Overview of Relocation Options

	Type	Description of Services	Age	Payment Source	Eligibility Requirement	Contact
Nursing Facility	Nursing facility (NF, CCNH, HLTCU)	A residential facility providing housing, meals, nursing and rehabilitative care, medical services and protective supervision for post-acute and long-term needs.	---	Medicaid Medicare Private Pay	Physician order stating the need for continuous nursing care	Individual facility
Residential Services	Home for Aged	A living situation where room, board, personal care, protection, and supervision is provided, but not intense medical supervision.	60 years or older	Medicaid/ SSI Private Pay	Varies among each facility	DSS – Adult Services
	Adult Foster Care	A living situation where room, board, personal care, protection, and supervision is provided, but not intense medical supervision.	18 years or older	Medicaid/ SSI Private Pay	Varies among each facility	DSS – Adult Services
	Assisted Living	Non-licensed residences offering room and board and limited care and supervision.	---	Private Pay	Varies among each facility	Contact Individual Facilities
Home and Community	Home Health	Skilled nursing care is provided by a licensed nurse, or by a skilled rehabilitation therapist for speech, occupational or physical therapy. Personal care may be provided by home health aides.	---	Medicaid Medicare Private Pay	The person must meet medical criteria and have a physician's order	Physician or Home Health Agency
Hospice	Hospice (provided at home, Nursing or hospice facility)	Hospice services include skilled care, personal care, palliative care, symptom and pain management, counseling and family support for people at the end of life and their families.	---	Medicaid Medicare Private Pay	A physician order showing that the person is expected to die within six months	Local hospice agency

Flowchart for Nursing Facility (NF) Closure Process ONLY AFTER DSS APPROVES



Long Term Care Acronym List

ACP	Adult Community Placement
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
AFC	Adult Foster Care
AL	Assisted Living
ALOS	Average Length of Stay
AMA	Against Medical Advice
APS	Adult Protective Services
BHS	Bureau of Health Systems, MDCH
BOA	Ban on Admissions
CBC	Citizens for Better Care
CCNH	Chronic Care Nursing Home
CCRC	Continuing Care Retirement Community
CIL	Center for Independent Living
CMP	Civil Monetary Penalty
CNA	Certified Nurse Aide or Assistant
CON	Certificate of Need
CSW	Certified Social Worker
DCH	Department of Community Health
DD	Developmentally Disabled
DDS	Department of Developmental Services
DHHS	Dept. of Health and Human Services, Federal
DME	Durable Medical Equipment
DMH	Department of Mental Health
DNR	Do Not Resuscitate
DPNA	Denial of Payment for New Admissions
DPOA	Durable Power of Attorney
DSS	Department of Social Services
FOIA	Freedom of Information Act
HCBS	Home & Community Based (waiver) Services
HHA	Home Health Agency
HHS	Home Help Services, Office of Adult Services, DSS
HIPAA	Health Insurance Portability and Accountability Act
HLTCU	Hospital Long Term Care Unit
HMO	Health Maintenance Organization
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LOS	Length of Stay
LPN	Licensed Practical Nurse
LSC	Life Safety Code
LTC	Long Term Care
MA	Medicaid
MC	Medicare
MDS	Minimum Data Set (part of Resident Assessment Instrument)
MH	Mental Health
NCCNHR	National Citizens Coalition for Nursing Home Reform
NF	Nursing Facility
NH	Nursing Home
NHA	Nursing Home Administrator
NIA	National Institute on Aging
NP	Nurse Practitioner
OBRA	Omnibus Budget Reconciliation Act
OSA	Office of Services to the Aging

OT	Occupational Therapy or Therapist
OTC	Over The Counter drugs
PASARR	Pre-Admission Screening & Annual Resident Review
PNA	Personal Needs Allowance (\$/month for aged, blind or disabled)
POC	Plan of Correction
PPA	Patient-Pay Amount
PPD	Per Patient Day
PRN	Latin "pro re nata", as needed
PT	Physical Therapy or Therapist
QA	Quality Assurance
QI	Quality Indicators
RAI	Resident Assessment Instrument
RAP	Resident Assessment Protocol
RD	Registered Dietitian
RN	Registered Nurse
ROM	Range of Motion
SDA	State Disability Assistance
SQC	Substandard Quality of Care, enforcement
SSA	Social Security Administration
SSN	Social Security Number
SW	Social Worker
SWCAA	Southwestern Connecticut Agency on Aging
VA	Veterans Administration

Website Links and Other Resources

Internet Resources for Residents, Families and Guardians

Guide to Choosing a Nursing Home –

<http://www.medicare.gov/publications/pubs/pdf/nhguide.pdf>

Medicaid Eligibility - <http://www.cms.hhs.gov/medicaid/whoiseligible.asp#aged>

Long Term Care Ombudsman

National Long Term Care Ombudsman Center - <http://www.ltcombudsman.org>

Resources for Locating Settings and Services

Nursing Home Compare - <http://www.medicare.gov/NHCompare/home.asp>

Home Health Compare - <http://www.medicare.gov/HHCompare/Home.asp>

Veterans Facilities Locator - <http://www1.va.gov/directory/guide/home.asp?isFlash=1>

National and State Veteran Homes - <http://www.vethomesfoundation.org>

Placement Worker Role and Responsibilities

The nursing facility social worker usually has significant contact with residents, family members and guardians and is in the best position to use this knowledge of the resident and family to serve as the lead placement worker.

As the lead placement worker, the nursing facility social worker has the responsibility to:

- ◆ identify special needs of residents that must be considered during placement and convey this information to other placement workers
- ◆ identify residents who may be appropriate for a lesser level of care
- ◆ recommend that the placement team include other qualified clinical staff or allied professionals from DDS, DMH, DSS, CIL, SWCAA, Hospice, sister facilities or corporate staff
- ◆ assist in arranging for residents and family members to visit potential new residences
- ◆ provide emotional support and personal contact to residents and families throughout the relocation process

Placement Worker Guide During NF Closure

The placement worker guides and supports the resident and family through the relocation process. Sharing your experience and expertise during the relocation process will assure the resident makes an informed decision when selecting a new residence. Necessary steps for relocation are included in this tool kit. For residents returning home or moving in with family, many of these steps are not applicable.

_____ Complete Resident Interview section of the Person-Centered Discharge Planning form

_____ Review remaining sections of the Person-Centered Discharge Planning form completed by nursing facility staff

Staff Insight Into Resident's Quality of Life
Behavioral/Emotional (when applicable)
Screen for Independent Living (when applicable)
Functional Assessment

_____ Identify potential residences based on discharge plan and bed availability/vacancies

_____ Identify potential barriers and solutions (use Level of Care Placement Worksheet)

_____ Schedule on-site visits for resident and family/guardian

_____ Discuss visits with resident and family/guardian to rank preferences

_____ Submit completed fax coversheet forms to be faxed with resident information to potential new residences

_____ Follow-up with potential residences to determine if fax was received and reviewed

_____ Identify which residences have accepted the resident

_____ Contact the resident/family/guardian to make the final placement decision

_____ Discuss best transfer time and mode with resident

_____ Determine if the resident wants help in packing belongings

_____ Notify scheduler (submit Resident Placement form to scheduler) of acceptance & transfer time/mode recommendations and request for help with packing

_____ Once scheduled (scheduler returns of Resident Placement form and Relocation Information Card) notify resident and family/guardian of transfer date and time

_____ Give resident the Relocation Information Card with the name, address, phone number and contact person for the new residence with the transfer date and time

Person-Centered Discharge Planning Form

Resident Name _____

Room Number _____

Placement Worker _____

Resident Gender: Male or Female

Does Resident Smoke? Yes or No

RESIDENT INTERVIEW (conducted by placement worker)

What type of setting would you like to live in? (return home, live with family, AFC, NF, etc.)

What would be important to you in this new environment? (safety, freedom, visitors, privacy, etc.)

What preferences do you have for your living arrangements? (preferred furniture, organized vs lived-in)

What makes you happy? _____

What do you enjoy doing? _____

What would you like to do that you don't do now? _____

How do you like your day to go? Describe your typical day _____

What specific preferences do you have for care delivery? (bath vs shower, meals/day, caregiver gender)

What is your lifestyle like? (morning vs night person, introvert vs extrovert, alone vs group activities)

Resident Name _____ Room Number _____

RESIDENT INTERVIEW continued

What is your ethnic/cultural background? _____

Are cultural activities ☐ Very important ☐ Somewhat important ☐ Not important at all

Needs/Preferences _____

What is your past or current religious affiliation(s) or denominations? _____

Spiritual or religious activities are ☐ Very important ☐ Somewhat important ☐ Not important at all

Needs/Preferences _____

Support System (family, friends, neighbors, religious or community members, staff)

Important Events (anniversaries, births, deaths)

Nicknames _____

Hobbies _____

Skills _____

Schooling (level completed, where) _____

Occupation (company, how long, retired) _____

Veteran (war time, branch of service) _____

Community Organizations _____

Family (spouse, children, grandchildren) _____

Pets _____

Special residents or staff _____

How would you like to be welcomed at your new residence? (flowers, special meal, visitors, be left alone, announcement, attend activities, etc.) _____

Person-Centered Discharge Planning Form

Resident Name _____ Room Number _____

STAFF INSIGHT INTO RESIDENT'S QUALITY OF LIFE (completed by nursing facility staff)

What is the resident's preferred daily routine? (waking time, social interactions, nighttime activity, etc.)

What is comforting to the resident? (type of music, certain activities, food items, possessions, etc.)

Does the resident have favorite special foods or treats? (supplied by family/staff, ethnic, etc.)

What environment supports are available for the resident? (likes to sit by the window, prefers room door shut, sleeps with the lights on, likes to sit near the nurses station, etc.)

Person completing this section _____

Date _____

Person-Centered Discharge Planning Form

Resident Name _____ Room Number _____

RESIDENTS WITH BEHAVIORAL OR EMOTIONAL DIFFICULTIES (completed by nursing facility staff)

PSYCHOSOCIAL TRIGGERS

What emotions or situations trigger the resident? (Stressors, excitement, sadness, depression, outbursts)

Specific times or days it occurs? _____

Effective Interventions? _____

Person completing this section _____ Date _____

Person-Centered Discharge Planning Form

Resident Name _____

Room Number _____

SCREEN FOR RESIDENTS REQUESTING PLACEMENT IN AN INDEPENDENT OR RESIDENTIAL SETTING (completed by nursing facility staff)

Bathing	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Hygiene	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Dressing	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Telephone Use	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Shopping	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Food Prep	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Housekeeping	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Laundry	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Transportation	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Finances	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Mobility	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Eating	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Continence	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance

Comments: _____

Person completing this section _____

Date _____

Person-Centered Discharge Planning Form

Resident Name _____ Room Number _____

FUNCTIONAL ASSESSMENT (completed by facility Nursing staff)

Check if applicable

- ☐ Dependent for feeding
- ☐ Incontinence Bowel _____ Bladder _____
- ☐ Dependent for bathing
- ☐ Dependent for dressing
- ☐ Tube feeding
- ☐ Elopement Risk Explain _____
- ☐ IV Therapy
- ☐ Infection: Acute _____ or Chronic _____ Type _____
- ☐ Needs Oxygen
- ☐ Pressure Ulcer(s) Location/Stage _____
- ☐ Dependent Transfer x1 _____ x2 _____ Mechanical Lift _____
- ☐ Wheelchair for Mobility
- ☐ Communication Aids (interpreter, communication board, sign language, hearing aid, etc.)

- ☐ Special Needs or Equipment _____

Upcoming appointment (doctor's name, purpose of visit or procedure, date, time, location, phone number)

Appliance on order (type, vendor, expected delivery date, contact name, phone number)

For relocation, how can the resident safely transfer?

- ☐ By ambulance (medically necessary)
- ☐ Wheelchair van with lift
 - ☐ Motorized wheelchair
 - ☐ Oversized wheelchair (check if it is: wide _____ heavy _____ high _____)
 - ☐ Resident does not own wheelchair – transportation must supply one for transfer
- ☐ Car (ambulatory, can self-transfer and can safely ride in seat with seatbelt)
- ☐ Car (needs assistance transferring, but can safely ride in seat with seatbelt)

Person completing this section _____

Date _____

Level of Care Placement Worksheet

Resident Name _____ Room Number _____

Preferred level of care setting NF AFC Housing Home

Potential Barrier to Preferred Residence

Solution

Medical Services (medications, physician, home health, therapy, etc.)

Safety (emergency contacts, environment modifications, medication administration, guardianship, etc.)

Funding Source (Medicaid application needed, utilities, rent, furniture, groceries, etc.)

Support Needs (transportation, social and recreational needs, access to friends and family, equipment, etc.)

Other (move with current residents, guardian has different preferences, preferred placement not available, etc.)

Resident Placement Form

Resident Name _____ Room Number _____
 Guardian/Family _____ Relationship _____
 Phone Number _____ Date Contact Made _____

Resident Preferences

1. Residence _____ Phone # _____
 Contact Name _____ Fax # _____
 Schedule on-site visit _____
Date Time Contact name Notified Resident/Family
 Resident Info Faxed _____ Reply _____ YES NO
Date Time Date Time
 Confirm placement with Guardian _____ Guardian approved YES NO
Date Time

2. Residence _____ Phone # _____
 Contact Name _____ Fax # _____
 Schedule on-site visit _____
Date Time Contact name Notified Resident/Family
 Resident Info Faxed _____ Reply _____ YES NO
Date Time Date Time
 Confirm placement with Guardian _____ Guardian approved YES NO
Date Time

3. Residence _____ Phone # _____
 Contact Name _____ Fax # _____
 Schedule on-site visit _____
Date Time Contact name Notified Resident/Family
 Resident Info Faxed _____ Reply _____ YES NO
Date Time Date Time
 Confirm placement with Guardian _____ Guardian approved YES NO
Date Time

Resident has requested assistance with packing YES NO

Resident preference for transfer time/mode _____

Resident Transfer Scheduled _____
Date Time Confirmed with

Type of Transportation Ambulance Receiving Residence Vehicle Family / Volunteer

Notify of transfer date and time Resident _____ Family/Guardian _____

Fax Coversheet for Placement Worker

FACILITY NAME
ADDRESS, CITY, STATE ZIP
PHONE FAX

Fax Cover Sheet

Contact Person _____ Date _____

Location _____

Fax () _____

Phone () _____

We are forwarding information on the (INSERT CLOSING FACILITY NAME) resident indicated below for potential relocation to your residence. Please review these materials to determine if you are able to accept the resident. After review and consideration, please contact me at the number below with your decision.

Resident Name _____ (insert resident's name)

Placement Worker _____ (insert placement worker's name)

Phone Number to Call when responding _____ (insert placement worker's onsite #)

Attachments: Resident Face Sheet
 Physician's Orders
 Person-Centered Discharge Planning form

Confidentiality Notice

The information contained in this facsimile message is privileged and confidential and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient or the employee, you are here notified that any dissemination, distribution, copying, or use of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by telephone and destroy the materials.

Message Form for Placement Worker

Message for _____	Agency _____
Name of Caller _____	Phone _____
Resident name _____	Relationship _____
Message: _____	

Person taking message _____	Date/Time _____

Comparison of On-site Visits

This guide can assist you in recording information and making informed decisions with your placement worker for relocation. Carry it with you when visiting. It will help you to compare multiple locations. Some things you may observe during your visit and some things you may have to ask. Not all questions are applicable to each type of relocation setting.

Name of Residence	Contact Person	Phone Number	Date of Visit
A _____	_____	_____	_____
B _____	_____	_____	_____
C _____	_____	_____	_____

	Residence A Yes/No	Residence B Yes/No	Residence C Yes/No
Is the general atmosphere warm, pleasant & cheerful?			
Do staff show genuine interest in and affection for residents?			
Do residents look well cared for and generally content?			
Is the residence clean and orderly?			
Is the residence reasonably free of unpleasant odors?			
Does the residence offer designated smoking areas?			
Are call lights answered within a reasonable time frame?			
Does the food look appetizing with adequate serving sizes?			
Do residents who need help in eating receive assistance?			
Does the residence offer activities that you would enjoy?			
Are activities offered for residents who are relatively inactive, confined to their rooms or cognitively impaired?			
Do residents have an opportunity to attend religious services and talk with their clergymen, both in and outside the home?			
Is there fresh drinking water within reach of the resident?			
Do staff knock before entering a resident's room?			
Is there a lounge where residents can chat, read, play games, watch television or just relax away from their rooms?			
Does the residence have an outdoor area where residents can get fresh air and sunshine and do residents use this area freely?			
Did the residence's representative ask about the your (or your family member's) specific needs and preferences?			
Would you be satisfied living here?			
Do you have adequate information about this residence to make a decision?			

SAMPLE ** Nursing Facility Name – Resident Relocation Roster ** SAMPLE
Updated: 11/10/15

[illegible]

Nursing Facility Administrator Role and Responsibilities

The nursing facility administrator continues to serve in his or role with full authority and responsibility for resident care and services, staffing for all departments, financial stability, vendors and supplies, security, safety and function of the physical plant, facility readmission practice and media relations.

The facility administrator is responsible for:

- ◆ timely notification about the planned closure to the nursing facility's Licensing Officer, the State Medicaid Agency, nursing facility staff, residents, families and guardians
- ◆ scheduling and conducting informational meetings about the relocation process with staff, residents, families/guardians, and the local closure team
- ◆ coordinating nursing facility staff efforts with local closure team members
- ◆ addressing resident/family concerns and assisting in resolving issues
- ◆ providing supportive leadership and guidance to residents, family members and nursing facility staff during this emotionally challenging process

Nursing Facility Administrator Guide During NF Closure

The facility administrator remains responsible for facility operations during a nursing facility closure. The administrator will receive support and guidance from the Nursing Facility Closure Coordinator. The administrator must continue to offer leadership and support to the facility staff for a successful closure.

- _____ Notify residents, families, staff and State agencies of closure
 - _____ Conduct meetings
 - _____ Distribute written notification
- _____ Maintain operations and plan for additional resources during closure
- _____ Assure adequate supplies are available for resident care and relocation tasks
- _____ Assign staff to serve in various roles
 - _____ Placement workers
 - _____ Scheduler
 - _____ to transport residents for visits
 - _____ to fax resident information to facilities
 - _____ to serve as receptionist when business office is closed
 - _____ to identify resident belongings in laundry and/or storage
 - _____ to assist residents to transfer vehicles and load residents' belongings
- _____ Develop approaches for media and security
- _____ Complete facility assessment with closure coordinator
- _____ Facilitate resident and family meetings
- _____ Assign staff to gather information for placement workers and local closure team
- _____ Participate in daily meetings
- _____ Support staff and residents through relocation process
- _____ Limit the number of residents (2 or 3) transferring to one location on any given day
- _____ Limit the total number of residents leaving the nursing facility per day to 10
- _____ Place notice at facility entrances once facility closes to include contact information for administrator and/or owner and the date of closure
- _____ Update recorded telephone greeting to indicate contacting information for administrator and/or owner and date of closure

Nursing Facility Administrator Tasks for Nursing Facility Operations

- _____ Care & Services
 - Ensure staff will remain in current positions during relocation
 - Contract for additional staff or services if necessary
 - Offer emotional support to staff
 - Be available to answer questions or redirect as appropriate
- _____ Encourage volunteers to visit more frequently
 - Activity Director to coordinate schedule
 - Focus volunteer efforts on 1:1 with residents
 - Ask for volunteers to visit residents at receiving facilities if possible
- _____ Adequate staffing to meet increased needs of residents during relocation
 - Packing resident belongings
 - Attending to emotional needs of residents
 - Anticipate increased call-ins
 - Plan for resignations during the process
 - Identify scheduler for all shifts and distribute contact information
- _____ Financial stability
 - Employee payroll and benefits
 - Supplies
 - Food service
 - Necessary physical plant repairs
 - Remuneration for misplaced or damaged resident belongings
 - Increased cost associated with relocation process
 - Visits to receiving facilities (transportation & staff time)
 - Packing supplies – boxes, tape & labels
 - Overtime for personnel
- _____ Union
 - Notify union representative and stewards of resident relocation/closure
 - Request assurance of on-going support with staffing
 - Ask for support for employees
- _____ Vendors
 - Assure continued supplies and services
 - Coordinate retrieval of rented items when the last resident departs
- _____ Security
 - Develop plan to keep residents safe and building secure during process
 - Be mindful of who has keys to what areas
 - Review individual needs for access to restricted areas
 - Consider hiring security services if necessary
- _____ Readmissions
 - Readmissions should be considered on a case-by-case basis, based on resident needs
 - New admissions are not allowed
- _____ Resident Trust Fund & Patient Pay
 - Prepare current accounting of the trust fund to disburse with monies at transfer
 - Prorate incoming PPA and forward balances to receiving locations or guardians

Suggested Media Approaches

- _____ Develop plan to respond to media
 - Media should not be allowed in the building to film, photograph or record residents, without permission and invitation from the guardian
 - Identify facility spokesperson
 - Educate staff on need to direct media to facility spokesperson
- _____ Develop plan for staff that have to pass the media coming in or out of the building
 - A positive reply about resident care being good and regular routines being followed can defuse negative media and allow the staff to have a voice
 - Caution should be given if staff are allowed to speak to the media
- _____ Do not allow media to attend the Resident and Family meeting(s)
- _____ Protect resident's rights regarding privacy
 - Close curtains when media present
 - Remove residents from view of camera
 - Guardian must give authorization for media contact with residents
 - Residents do have the right to speak to media
- _____ Educate all staff of expectations
- _____ Identify nursing facility emergency contact for non-business hours

Note: Local closure team members are required to direct media inquiries to the public relations contact within their agency, with the exception of the ombudsman. Ombudsman may speak to the media regarding the relocation process and resident care.

Suggested Security Approaches

Before initiating new security approaches, consider the effectiveness of the nursing facility's current security practice to determine if it is adequate. These suggested approaches can be helpful if there is a significant increase in the number of visitors including local closure team members, representatives from other facilities/residences, and/or agency staff.

- 1) Assign a staff member to remain at front entrance. Require visitors to sign-in/out upon entry and exit. Supply a log and have it returned to the business office/administrator on a daily basis. Upon entry, all individuals should be asked the reason for their visit. If it is not to visit a specific named resident, work at the facility, or meet with a placement worker, entrance to the facility should not be granted. The individual should be directed to the business office or administrator.
- 2) At no time should any media representative (i.e., TV, radio or newspaper) be allowed access to the building. If an attempt is made, a staff member should stay with the individual at the entrance while another staff member requests assistance from the administrator or manager on duty. The only exception to this rule is if a resident who is his/her own guardian or a guardian has invited media to the facility. In this case, the media representative must be informed of residents' right to privacy. Their business on-site should be conducted in a private area with only the inviting resident. No pictures can be taken of residents in general areas without guardian consent.
- 3) All doors should remain secure at all times. The main entrance should be used for all entries. Consider having vendors first check-in at the main entrance and then have staff give access to the delivery entrance. This will assure effective monitoring of items leaving the facility.
- 4) No one should be permitted to remove any furniture, equipment, or fixtures from the building without appropriate authorization from the administrator. If a family is taking possession of resident belongings, an itemized list should be signed by the family and retained for the clinical record.
- 5) Discuss expectations with staff and supply emergency contact numbers to any person assigned to security.

Verbal Notification to State Agencies

Licensing Officer – Consider notifying your Licensing Officer during the decision process

Licensing Officer phone # _____

Date & time notified _____

Notes of conversation _____

Recommended action steps

Medicaid - Long Term Care Services State Administrative Manager

Contact name & phone # _____

Date & time notified _____

Notes of conversation _____

Recommended action steps

Written Notification by Nursing Facility Administration

Include in written letter

reason for relocation/closure

_____ expected timeframe

_____ contact person and number for additional information

_____ brief outline of relocation plan

Recipients

Required written notification to:

_____ State Survey agency – Licensing Officer date mailed _____

_____ State Medicaid agency – LTCS Section Manager date mailed _____

_____ Residents _____ distribute at initial meeting with resident
(include resident/family meeting date, time & location in letter)

_____ Families/Guardians date mailed _____
(include resident/family meeting date, time & location in letter)

Recommended written notification to

Staff distribute at initial meeting with staff

____ Physicians date mailed _____

Vendors date mailed

_____ Ombudsman date mailed _____

Media _____ date mailed _____

Notification Letter to Residents/Families (Modify for staff, State agencies, vendors, etc.)

Date

Dear Family Members and Residents of XXXXXX:

You are receiving this letter because you or someone you are responsible for is a resident at NAME OF FACILITY, located at ADDRESS in CITY. This letter is to advise you that the facility has made the difficult decision to discontinue operation due to XXXXXX (be specific about reasons to close and describe interventions attempted and why closure could not be avoided).

Be assured that all residents will be given ample support and time to make decisions about relocation to a new residence. To begin the relocation process, two resident and family meetings have been scheduled for DATE and TIME. You are encouraged to attend one of these meetings to learn more about the decision to close the nursing facility, the relocation process, the expected timeframe, potential residences and support from an assigned placement worker.

A team of experienced professionals will be onsite at the nursing facility each day to help you review placement options and answer any questions you may have. Over the next few weeks, you may address any questions or concerns you may have about the relocation process with any of the following resources:

- Facility administration
- Local Closure Team Members (contact the administration at the nursing facility for names of local agency resources)
- The State Long Term Care Ombudsman at 1-203-597-4181. The ombudsman is also an excellent resource for information about resident rights and placement options.

I hope to see you at the Resident and Family meeting. Please feel free to contact me with any questions or concerns.

Sincerely,

NAME OF ADMINISTRATOR

Initial Meeting with NF Management Staff

- _____ Schedule before residents and floor staff are notified
- _____ Discuss reason for decision for closure
- _____ Introduce local closure team members and their roles, if present
- _____ Briefly review relocation process (Closure Coordinator)
- _____ Stress the importance of staff during this process
- _____ Discuss staff responsibilities
 - Need for continuing daily routines
 - Additional support needed for relocation
- _____ Identify key staff to assist in the relocation process
 - Placement worker
 - Scheduler
 - Packing Team
 - Transportation for on-site visits by residents
 - Resident escorts during transfer
 - Receptionist (when business office is closed)
- _____ Invite key staff to participate in local closure team meeting
- _____ Explain need for staff to support residents
- _____ Develop plan to notify residents in 1:1 meetings
- _____ Reassure staff that payroll will be met
- _____ Indicate that a request for employment assistance will be made
- _____ Educate staff on media issues
- _____ Encourage staff to speak directly with key personnel regarding resident issues, concerns or rumors
- _____ Instruct supervisors to schedule informational meetings with administration for staff/employees not on today's schedule. Try to meet with these individuals at the beginning of their next scheduled shift.
- _____ Answer any questions and address any concerns

Initial Meetings with Nursing Facility Staff

- _____ Schedule before residents are notified
- _____ Discuss reason for decision for closure
- _____ Introduce local closure team members and their roles, if present
- _____ Briefly review relocation process (Closure Coordinator)
- _____ Stress the importance of staff during this process
- _____ Discuss staff responsibilities
 - Need for continuing daily routines
 - Additional support needed for relocation
- _____ Explain need for staff to support residents
- _____ Reassure staff that payroll will be met
- _____ Indicate that a request for employment assistance will be made
- _____ Educate staff on media issues
- _____ Encourage staff to speak directly with key personnel and/or placement workers regarding resident issues, concerns or rumors
- _____ Answer any questions and address any concerns

Initial Notification Meetings with Residents

Consider each resident when deciding how to notify them of the closure. Some residents may receive this information better in a 1:1 meeting, while other residents may benefit from a small group meeting where they have an opportunity to interact with other residents. The nursing facility staff know the residents best and should use their best judgment to determine which meeting type would be most supportive and beneficial for each resident.

_____ **Schedule special resident council meeting with council president approval (Day 1)

and/or

_____ **Assign key staff for 1:1 meetings with residents

_____ Prepare a short overview (or use notification letter) of the details for staff to follow

_____ Staff should

- Discuss reason for decision to close
- Identify expected timeframes for relocation
- Assure resident care and services will be consistent through relocation process
- Indicate families/guardians will be informed
- Indicate a placement worker will be assigned to assist the resident
- Briefly review relocation process
- Answer any questions residents may have
- Record questions staff are not able to answer and bring back to daily meeting

_____ Staff should emotionally support residents through these meetings

_____ Consider how to address residents who become very upset by the news

- Assign staff to increase 1:1 time with resident
- Offer to contact his/her family immediately
- Offer to have resident speak on phone with family or friend
- Redirect resident to minimize focus on the negative
- Recognize that residents may react with distress or become upset
- Be considerate of feelings, but don't feed into them

_____ ** Inform the resident of the Resident and Family meetings

- Encourage resident to attend a meeting to receive more information
- Offer to escort the resident to the meeting
- Indicate family and guardians will be invited to the meetings

** For the Resident and Family meeting, consider if the resident will benefit from attending. Information from the meeting can be shared in a 1:1 meeting if this approach is best for the resident. Residents do not have to attend this meeting.

Notification and Meetings with Family/Guardians

_____ Schedule meetings for Day 3

Date _____

Time _____
Consider an afternoon & evening meeting to accommodate schedules

Location _____

_____ Identify nursing facility staff to contact families on Day 1 about the closure and resident and family meetings - Keep accurate records on who has been contacted

_____ Post signs at the nursing facility entrance with information about the meetings

_____ Schedule nursing facility staff to assemble the meeting room
Allow adequate room for resident wheelchairs, seating for families and exit isles

_____ Ask the dietary department staff to serve refreshments

_____ Assign nursing facility staff to escort residents to the meeting room

_____ Identify in advance, residents who may have a difficult time at the meeting and develop a plan on addressing their needs

_____ Identify speakers for the meeting
Nursing Facility Administrator
MDCH representative(s)
DSS representatives
Ombudsman (local and/or state)
Closure Coordinator

_____ Create meeting agenda (see sample)

_____ Develop a plan to address residents who disrupt the meeting to the extent it has a negative impact on other residents and family members

_____ Invite nursing facility staff to attend the meeting for the purpose of supporting residents – staff who become disruptive must be removed from the meeting

_____ Limit entry to the meeting to families, residents, guardians, nursing facility staff and local closure team members – do not allow media into the meeting

Resident & Family Meeting Agenda

(when preparing copies for meeting, remove details in red)

- | | |
|---|------------------------|
| 1. Welcome and Introductions | Facility Administrator |
| 2. Ground rules for meeting | Facility Administrator |
| 3. Decision for closure | Facility Administrator |
| 4. Introduce local closure team members and their roles | Facility Administrator |

A representative from each agency will briefly discuss their role in the closure (see notes below)

Lead Placement Worker (facility SW) – discuss Person-Centered Discharge Planning process

Closure Coordinator – facilitate best practice protocol and serve as resource – Review Guide for Family/Guardian During Relocation and Facility Availability list and discuss DPNA and BOA

DSS - identify potential relocation settings and assist with placement - discuss how Medicaid follows the resident to new setting and how DSS can assist with guardianship or Medicaid eligibility issues

Ombudsman – advocate for residents and conduct support group meetings –review resident rights, Tips for Visiting handout, and process to be added to waiting list

- | | |
|--|------------------------|
| 5. Daily routines, care and services | Facility Administrator |
| 6. Discuss projected timeframe for closure | Facility Administrator |
| 7. Assistance for employees | Facility Administrator |
| 8. Questions and Answers | |
| 9. Time for residents and families to meet with Placement Workers individually | |

Materials for Meeting

Pens or Pencils for residents/family/guardian

Information to Gather for Local Closure Team

The nursing facility administrator should assign staff to gather the following information. Once gathered, this information will be given to the closure coordinator for distribution to local team members. Some information will be verbally reported during the local closure team meetings.

- _____ Current resident roster with room numbers
- _____ Face sheet with current guardianship information for each resident
- _____ List of key facility personnel with contact information (within facility & for emergency)
- _____ Identify for each resident (if not correct or contained on resident face sheet)
 - Legal guardian's (court appointed) name, address, phone number
 - DPOA – name, address, phone number
 - Next of Kin – name, address, phone number
 - Active DDS or DMH Services – service provider name, address, phone number
 - Payment source status – private pay, third party insurance, Medicaid, Medicare
 - Physician, dental, optical and podiatry service provider
- _____ Identify residents who
 - Could benefit from a lesser level of care (AFC, AL, Home, Apartment)
 - Need legal guardianship
 - Have pending Medicaid
 - Have no open Medicaid, but are eligible for services
 - Have upcoming appointments with doctors, dentist, optician, etc.
 - Have glasses, dentures, orthotic or medical devices on order
 - Need updated PASARR Level I or II
 - Have personal wheelchair, walker, geri chair, bed, etc. to transfer
 - Are at risk for elopement or physical harm/abuse to self or others
- _____ Print computer copies of resident face sheet & most recent MDS for discharge transfer packets

Equipment and Supply List for Closure

Equipment

Operating Fax Machines (at least 2 for relocation process)

Extra cartridges and paper

Computer & Printer for tracking relocation process

Extra cartridges and paper

Copiers for reproducing discharge transfer packets (at least three operating copiers)

Extra cartridges and paper

Two-way radios for use during discharges

Supplies

Discharge Transfer Packets

Large envelopes (at least 9 x 12)

Shipping labels (Avery 5164 or comparable brand)

- transfer packet label (one for name and one for checklist)

Packing Supplies

Boxes – medium size works well

Packing tape

Scissors or tape guns

Large markers

Shipping labels (Avery 5164 or comparable brand)

- for resident boxes/belongings (one sheet per resident)

Miscellaneous

Clipboards for placement workers

Desktop supplies

4" Binder to store resident placement forms

Accordion folders for organizing forms

Desktop trays for In & Out (for fax requests and scheduling transfers)

Plastic name badge holders and badges for residents (avoid using pin style)

Emergency Equipment

Flashlights and batteries

Emergency radio

Cell phones

Land-line telephone

Resident Belongings Delivery Form
(reformat for facility letterhead)

Residence _____

Delivery Date _____

By signing below, I accept receipt of the following resident belongings

	Resident Name	Item/s Delivered
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Signature of Receiver

Title

Date

Closure Coordinator Role and Responsibilities

The Closure Coordinator represents the State Closure Team as the lead worker on the local closure team, as a resource to the nursing facility staff, and as the main communication link between the local closure team and the State closure team.

The Closure Coordinator is responsible to:

- ◆ assess the nursing facility with the administrator to determine what additional resources may be needed
- ◆ mobilize and coordinate the State agency representatives on-site
- ◆ oversee the relocation of residents
- ◆ serve as a resource for conflict resolution
- ◆ assure that the relocation process is understood and followed by all parties
- ◆ assist the nursing facility administrator to identify nursing facility staff to serve in key closure roles, e.g., placement worker, scheduler, after-hours receptionist
- ◆ monitor adequacy of equipment and supplies needed during the relocation process
- ◆ report to the State Closure Team Leader on a daily basis
- ◆ offer guidance and task support to local closure team members and nursing facility staff as needed
- ◆ schedule a debriefing meeting with local closure team members

Closure Coordinator Guide During Nursing Home Closure

- _____ Meet with nursing facility administration and key nursing facility staff
 - _____ Designate work area for local closure team and secure office for equipment
 - _____ Complete nursing facility needs assessment with NF administrator
 - _____ Request resident face sheets and roster from NF administrator
 - _____ Coordinate notification of resident and family meetings with NF administrator

- _____ Schedule on-site local closure team meeting with key NF staff and notify participants
 - _____ Prepare meeting materials
 - _____ Agenda
 - _____ Resident Placement Form (sample)
 - _____ Person-Centered Discharge Planning Form (sample)
 - _____ Level of Care Placement Worksheet (sample)
 - _____ Placement worker fax coversheet (sample)
 - _____ Overview of Relocation Options

- _____ Information to gather at local closure team meeting
 - _____ Name, organization and phone number for each local closure team member
 - _____ Assignment of placement workers

- _____ Post signs for local closure team work room
- _____ Prepare work room with poster sized rosters
- _____ Develop resident relocation roster

- _____ Create resident specific forms (delegate to nursing facility staff if possible)
 - _____ Resident Placement Form
 - _____ Resident Relocation Tracking Form
 - _____ Person-Centered Discharge Planning Form
 - _____ Resident Belongings Packing List
 - _____ Packing Labels (one sheet for each resident - Avery 5160)
 - _____ Discharge Transfer Packet label (two labels – resident name and checklist)
 - _____ Name badge for each resident (use clip style holders – not pins)

- _____ Create name badges for local closure team members

- _____ Create Nursing Facility & Local Closure Team roster

- _____ Prepare materials for Resident /Family Meeting (facility staff to reproduce packets)
 - _____ Resident/Family Guardian tool kit
 - _____ Facility list with bed availability, DPNA and BOA
 - _____ Resident Roster with placement worker assignments

Closure Coordinator Guide During Nursing Home Closure Continued

- _____ Display signs with information about the Resident and Family meetings at entrances and in common areas
- _____ Report to State Closure Team Leader daily
- _____ Serve as resource to local closure team members and nursing facility staff
- _____ Collect post closure contact information from Administrator and key staff
- _____ Distribute Facility Follow-up Post Closure checklist to Administrator and key staff
- _____ Schedule post closure discussion meeting with local closure team members
- _____ Distribute resident relocation roster to appropriate agencies post closure

Nursing Facility Needs Assessment Checklist

Staffing & Placement Workers

Food Service

Vendors

Physical Plant

Security

Media

Other

Agenda for Local Closure Team Meeting with Key Nursing Facility Staff

- _____ Introductions (distribute sign-in sheet)
- _____ Identify role of key nursing facility staff in relocation process
 - Notification (calls to families and meetings with residents)
 - Placement Workers (clinical staff to complete discharge planning process)
 - Scheduler (scheduling transfers, packing belongings, transferring)
 - Information Exchange (faxing requests, visitors, questions, receptionist)
- _____ Review local closure team members' roles & responsibilities
- _____ Discuss lines of authority
 - Operations – Nursing Facility Administrator
 - Resident placement - DSS has oversight
 - Relocation process – Closure Coordinator
 - Regulatory issues - Licensing Officer
 - Media – line of authority varies – clarify at meeting
- _____ Discuss conflict resolution process
- _____ Discuss process and tools developed for information exchange
- _____ Tour physical plant or give overview of layout (**NF Administrator**)
- _____ Suggest appropriate parking area (**NF Administrator**)
- _____ Review features of nursing facility (**NF Administrator**)
 - Operation of phone system
 - Door alarms & required codes
 - Elevator codes
 - Evacuation protocol (share written copy)
 - Emergency exits
 - Restrooms
 - Smoking area/policy
- _____ Schedule future daily meetings
- _____ Allow for questions and answers

Nursing Facility Resource Phone Roster

<u>Name</u>	<u>Phone (extension)</u>	<u>Emergency Number</u>
_____, Administrator	_____	_____
_____, DON	_____	_____
_____, Social Worker	_____	_____
_____, Business Office	_____	_____
_____, Maintenance	_____	_____
_____, _____	_____	_____
 Resident Council President		
_____	_____	_____
 Family Council President		
_____	_____	_____
 Pool Agency _____	_____	_____
 Ambulance _____	_____	_____
 Pharmacy _____	_____	_____
 Foodservice _____	_____	_____
 Other Vendors		
_____	_____	_____
_____	_____	_____
 Union Stewards		
_____	_____	_____
 Local Union Office		
_____	_____	_____

Resident Relocation Tracking Form

Resident Name _____

Residence _____

Phone _____

Address _____

Fax _____

Contact _____

Transfer Date _____

Time _____

Confirmed with _____

Transfer type Ambulance Receiving Facility Vehicle Volunteer Family/Guardian

Transfer packet sent with resident YES _____ NO _____

Belongings sent at time of transfer (inventory sheet attached) YES _____ NO _____

Belongings remaining in facility _____

Medications sent with resident _____ returned to pharmacy _____

Resident Trust Fund disbursed \$ _____ Check/MO# _____ Date _____

Patient Pay Amounts disbursed \$ _____ Check/MO# _____ Date _____

Change of Address Card completed YES _____ Date mailed _____

Social Security Check _____

.....
Follow-up on resident status

Date _____ Person Contacted _____ Initials _____

How is resident eating and sleeping _____

Are there any unexpected behaviors _____

Is the resident refusing care or medications _____

Is the resident participating in activities _____

Is the resident voicing any distress or concerns related to the move? _____

Did the resident's belonging arrive safely _____

Do you need more information to care for the resident _____

Has the resident's family/guardian completed the admission process _____

Comments _____

Local Closure Team Roster

Agency	Name	Title/Position	Phone	Email
Department of Social Services (DSS)	Mairead Painter	Social Worker, Money Follows the Person Unit	860-424-5844	mairead.painter@ct.gov
Department of Social Services (DSS)	Dawn Lambert	Project Director, Money Follows the Person Unit	860-424-4897	dawn.lambert@ct.gov
Long Term Care Ombudsman	Kimberly Massey	Long Term Care Ombudsman	203-597-4181	kimberly.massey@ct.gov
Smith House	Marlys Youngberg	Director of Admissions	203-322-3428 x238	myoungberg@stamfordct.gov
Smith House	Christine Hemenway	Director of Social Services	203-322-3428 x227	chemenway@stamfordct.gov
Smith House	Blossom Palmer	Director of Nursing	203-322-3428	bpalmer@stamfordct.gov
Smith House	Robert Robitaille	Divisional Finance Manager	203-322-3428	rrobitaille@stamfordct.gov

Nursing Facility Staff Roster

Name	Title/Position	Phone Extension	Assignment/Task
	Administrator		
	Director of Nursing		
	Social Worker		
	Medical Records		
	MDS Nurse		
	Business Office Manager		
	Receptionist		
	Activity Director		
	Dietary Supervisor		
	Housekeeping Supervisor		

Receiving Residence Roster

Residence (name & city)	Type of residence	Representative Name	Title/Position	Phone Number	Beds Available						Specialties
					Medicaid		Medicare		License Only		Specialized units or services
					M	F	M	F	M	F	

Task/Team Assignments

Task to be Completed	Lead	Team Members
Call families & guardians to inform of closure and resident/family meeting		
Inform residents of closure		
Identify vacancies at nearby residences		
Coordinate faxing of resident information to potential residence		
Prepare for resident/family meeting (room set-up, signs, refreshments)		
Pack and label resident belongings once scheduled for transfer		
Copy medical records for transfer packets		
Prepare resident medication & treatment records for transfer		
Receiving residence coordinator – greet receiving residence visitors and direct to Local Team work room		
Transportation coordinator – greet transportation driver and confirm resident for transfer		
Disburse resident trust fund with current accounting for each resident		
Disburse any patient pay or private pay balances		
Complete change of address cards for residents		
Notify receiving residence of any upcoming resident appointments or ordered appliances (dentures, glasses, orthotics, etc.) and arrange for delivery		

Facility Follow-Up Post Closure

Task to be Completed	Staff Assigned to Task	Date Completed
Prepare remaining resident belongings and deliver to residents		
Submit in writing to the L.O. and Closure Coordinator the location of and process to access residents' medical records		
Complete electronic discharge of residents in the MDS system		
Post a sign at the entrances and update the message on answering machine to inform callers/visitors of contact name and number if they have questions or need additional information		
Contact family/guardians to remove any large items from the facility, if necessary		

Director of Nursing Role and Responsibilities

The director of nursing (DON) must assure that care and services continue to be delivered in a manner that meets federal and State requirements. The DON should work closely with the nursing facility staff scheduler to plan for staff call-ins and/or resignations and develop a plan to address staffing issues in advance. The DON must demonstrate strong leadership during the nursing facility closure and show support for staff throughout the process. The DON has a major impact on staff performance and nursing facility morale.

The director of nursing is responsible to:

- ◆ monitor the delivery of care and services to assure residents' needs are being met
- ◆ encourage staff to keep their morale up and to stay resident-focused
- ◆ insure that clinical records are accurate and up to date
- ◆ oversee accurate reproduction of resident discharge transfer packets
- ◆ assist in identifying residents who are candidates for lesser level of care
- ◆ reassign nursing staff as needed to assist in relocation tasks

Director of Nursing Guide During Nursing Facility Closure

- _____ Participate in local closure team meetings
- _____ Assure adequate staffing on all shifts
- _____ Monitor care and service delivery
- _____ Assure clinical records are accurate and complete
- _____ Assign nursing staff to complete sections of the Person-Centered Discharge Planning form
 - Staff Insight Into Resident's Quality of Life
 - Behavioral/Emotional (when applicable)
 - Screen for Independent Living (when applicable)
 - Functional Assessment
- _____ Assign staff to produce discharge transfer packets (DON to monitor progress)
- _____ Assign staff to complete Discharge Transfer Forms
- _____ Assign staff to electronically discharge residents in the MDS system
- _____ Report any concerns to the Administrator

Person-Centered Discharge Planning Form

Resident Name _____

Room Number _____

Placement Worker _____

Resident Gender: Male or Female

RESIDENT INTERVIEW (conducted by placement worker)

What type of setting would you like to live in? (return home, live with family, AFC, NF, etc.)

What would be important to you in this new environment? (safety, freedom, visitors, privacy, etc.)

What preferences do you have for your living arrangements? (preferred furniture, organized vs lived-in)

What makes you happy? _____

What do you enjoy doing? _____

What would you like to do that you don't do now? _____

How do you like your day to go? Describe your typical day _____

What specific preferences do you have for care delivery? (bath vs shower, meals/day, caregiver gender)

What is your lifestyle like? (morning vs night person, introvert vs extrovert, alone vs group activities)

Resident Name _____ Room Number _____

RESIDENT INTERVIEW continued

What is your ethnic/cultural background? _____

Are cultural activities ☐ Very important ☐ Somewhat important ☐ Not important at all

Needs/Preferences _____

What is your past or current religious affiliation(s) or denominations? _____

Spiritual or religious activities are ☐ Very important ☐ Somewhat important ☐ Not important at all

Needs/Preferences _____

Support System (family, friends, neighbors, religious or community members, staff)

Important Events (anniversaries, births, deaths)

Nicknames _____

Hobbies _____

Skills _____

Schooling (level completed, where) _____

Occupation (company, how long, retired) _____

Veteran (war time, branch of service) _____

Community Organizations _____

Family (spouse, children, grandchildren) _____

 Pets _____

Special residents or staff _____

How would you like to be welcomed at your new residence? (flowers, special meal, visitors, be left alone, announcement, attend activities, etc.) _____

Person-Centered Discharge Planning Form

Resident Name _____ Room Number _____

STAFF INSIGHT INTO RESIDENT'S QUALITY OF LIFE (completed by nursing facility staff)

What is the resident's preferred daily routine? (waking time, social interactions, nighttime activity, etc.)

What is comforting to the resident? (type of music, certain activities, food items, possessions, etc.)

Does the resident have favorite special foods or treats? (supplied by family/staff, ethnic, etc.)

What environment supports are available for the resident? (likes to sit by the window, prefers room door shut, sleeps with the lights on, likes to sit near the nurses station, etc.)

Person completing this section _____

Date _____

Person-Centered Discharge Planning Form

Resident Name _____ Room Number _____

RESIDENTS WITH BEHAVIORAL OR EMOTIONAL DIFFICULTIES (completed by nursing facility staff)

PSYCHOSOCIAL TRIGGERS

What emotions or situations trigger the resident? (Stressors, excitement, sadness, depression, outbursts)

Specific times or days it occurs? _____

Effective Interventions? _____

Person completing this section _____ Date _____

Person-Centered Discharge Planning Form

Resident Name _____

Room Number _____

SCREEN FOR RESIDENTS REQUESTING PLACEMENT IN AN INDEPENDENT OR RESIDENTIAL SETTING (completed by nursing facility staff)

Bathing	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Hygiene	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Dressing	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Telephone Use	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Shopping	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Food Prep	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Housekeeping	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Laundry	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Transportation	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Finances	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Mobility	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Eating	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Continence	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance

Comments: _____

Person completing this section _____

Date _____

Person-Centered Discharge Planning Form

Resident Name _____ Room Number _____

FUNCTIONAL ASSESSMENT (completed by facility Nursing staff)

Check if applicable

- ☐ Dependent for feeding
- ☐ Incontinence Bowel _____ Bladder _____
- ☐ Dependent for bathing
- ☐ Dependent for dressing
- ☐ Tube feeding
- ☐ Elopement Risk Explain _____
- ☐ IV Therapy
- ☐ Infection: Acute _____ or Chronic _____ Type _____
- ☐ Needs Oxygen
- ☐ Pressure Ulcer(s) Location/Stage _____
- ☐ Dependent Transfer x1 _____ x2 _____ Mechanical Lift _____
- ☐ Wheelchair for Mobility
- ☐ Communication Aids (interpreter, communication board, sign language, hearing aid, etc.)

- ☐ Special Needs or Equipment _____

Upcoming appointment (doctor's name, purpose of visit or procedure, date, time, location, phone number)

Appliance on order (type, vendor, expected delivery date, contact name, phone number)

For relocation, how can the resident safely transfer?

- ☐ By ambulance (medically necessary)
- ☐ Wheelchair van with lift
 - ☐ Motorized wheelchair
 - ☐ Oversized wheelchair (check if it is: wide _____ heavy _____ high _____)
 - ☐ Resident does not own wheelchair – transportation must supply one for transfer
- ☐ Car (ambulatory, can self-transfer and can safely ride in seat with seatbelt)
- ☐ Car (needs assistance transferring, but can safely ride in seat with seatbelt)

Person completing this section _____

Date _____

Sample Discharge Transfer Packet Label

<input type="checkbox"/> Guardianship Document <input type="checkbox"/> Advance Directive <input type="checkbox"/> PASARR (3877 & 78) <input type="checkbox"/> Nurses' Notes (1 month) <input type="checkbox"/> Physician's Notes (1 month) <input type="checkbox"/> Physician's Orders <input type="checkbox"/> Current Labs <input type="checkbox"/> Social Service Notes <input type="checkbox"/> Dietary Notes <input type="checkbox"/> Current Therapy Notes <input type="checkbox"/> Psychiatric Notes <input type="checkbox"/> Activities Notes <input type="checkbox"/> TB/Immunizations <input type="checkbox"/> Podiatry Services <input type="checkbox"/> Dental Services <input type="checkbox"/> Optical Services <input type="checkbox"/> Current Full MDS <input type="checkbox"/> Face Sheet <input type="checkbox"/> Current Chest X-Ray	<input type="checkbox"/> Geri Chair <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> TV <input type="checkbox"/> Radio At Time of Transfer <input type="checkbox"/> Discharge Transfer Form <input type="checkbox"/> Medical Admin Record <input type="checkbox"/> Treatment Sheet <input type="checkbox"/> Resident ID <input type="checkbox"/> Belongings Packed <input type="text"/> # of Boxes <input type="text"/> # of Bags
---	---

Scheduler Role and Responsibilities

With one designated scheduler, the nursing facility can assure a timely transfer for all residents. The scheduler is responsible to:

- ◆ coordinate transfer times to minimize traffic congestion at the facility entrance
- ◆ consider the resident's preferred transfer time and resident's routine when scheduling transfers
- ◆ communicate scheduled transfers to placement workers and nursing facility staff on a daily basis
- ◆ assure appropriate type of transportation is provided for each resident
- ◆ limit the number of residents going to any one location on a single day to 3 per location
- ◆ limit the total number of residents leaving the building on a single day to 10 per day

Scheduler Guide During Nursing Facility Closure

Scheduling Transfers

- _____ Develop an IN and OUT box system for exchange of forms
- _____ Receive Resident Placement Form from placement worker
- _____ Confirm required mode of transportation (see Discharge Planning form)
- _____ Contact admission coordinator at relocation setting
 - _____ Confirm acceptance of resident with new residence
 - _____ Determine date & time of transfer
 - _____ Confirm necessary mode of transportation
- * Limit the number of residents transferring per day to any location to 2 or 3
- * Limit the total number of residents leaving the facility per day to 10
- _____ Record contact person's name, and date & time of call on Resident Placement Form
- _____ Fax Receiving Residence Tool Kit to new residence (when first resident is scheduled at that new residence)
- _____ Update Resident Relocation Roster with name of new setting, transfer date and time
- _____ Prepare Relocation Information Card
- _____ Return Resident Placement Form and Relocation Information Card to placement worker
- _____ Distribute updated Resident Relocation Roster on a daily basis to placement workers, facility staff, and local closure team members

Note: Often potential residences will assume the resident is transferring to their location when a family member or resident visits or when information is sent over the fax. It is important to only discharge residents scheduled for transfer. In the event transportation shows up for a resident not on the schedule, the resident's placement worker or the Closure Coordinator should be notified immediately to help confirm the placement and resolve the issue. The exception to this rule is if a family member or guardian wants to transfer a resident without following this process. The family may not know that support is available and assume the responsibility for placement and relocation. In this event, it is best to support the transfer, although not pre-scheduled.

Sample Relocation Information Card

Resident's Name: **John Smith**

ABC Nursing Home
125 E. Main Street
Anywhere, CT 069XX

Phone: 555 555-5555
Contact Person: Ms. White, Admissions

Transfer Date: **Tuesday, November 24, 2015**
Transfer Time: **9:30 am**

Nursing Facility Direct Caregivers Role and Responsibilities

Direct caregivers have the greatest impact on residents during the relocation process. CNAs, in addition to maintaining their daily routines, have the responsibility to:

- ◆ monitor for and report changes in the resident's mental, emotional or clinical status during the closure process
- ◆ participate in discharge planning by conveying the special needs and preferences of residents to enhance continuity of care when the resident relocates to the new residence.
- ◆ facilitate a positive experience for residents by staying focused on the resident, being positive about the process, and offering support to the resident
- ◆ assist residents in packing belongings and transferring to the new residence

Nursing Facility Direct Caregivers Guide During Nursing Facility Closure

Direct care workers have the greatest impact on residents during a nursing facility closure. It is important for staff to stay focused on the resident's needs and continue to provide the highest possible quality of care, while addressing resident's concerns about relocation. Let the resident determine the amount of assistance with packing, grooming, dressing, etc., in preparation for transfer.

- _____ Support residents emotionally throughout the process
- _____ Monitor residents for changes in mental, emotional or medical state
- _____ Report any change in resident's condition to supervisor and placement worker
- _____ Prepare the resident for the physical transfer

Night before transfer

- _____ Assist the resident in packing and inventorying personal belongings
 - Assure all items are properly labeled
 - Retain at least one set of clothing for transfer day
 - Keep belongings in resident's room until transfer
 - Clean television or other equipment/furniture
 - Apply label to back of equipment – not on TV screen
 - Label & tape remote to equipment
 - Complete inventory list to include in relocation packet and retain a copy for the nursing facility's record
- _____ Shower or bathe the resident, style hair, groom nails, etc.
- _____ Afternoon and midnight staff should encourage 1:1 time with the resident as this is the resident's last night in the facility

Day of Transfer

- _____ Assist the resident with grooming including oral care
- _____ Assist the resident to dress in a clean set of clothing for transfer
 - Bag dirty clothing and label as such for transportation
- _____ Escort resident to 1st floor entrance when vehicle arrives
- _____ Load belongings into vehicle before resident
- _____ Escort resident to vehicle
 - Allow adequate time for staff and residents to say good-bye

Resident Belongings Packing List

Resident Name _____ Room number _____

New Residence _____	Transfer _____
	Date _____ Time _____
_____ Belts	_____ Skirt
_____ Bible	_____ Slippers
_____ Blouse	_____ Slip
_____ Boots	_____ Socks
_____ Books / Magazine	_____ Suit
_____ Bra	_____ Suspenders
_____ Coat / Jacket	_____ Sweater
_____ Denture: Upper / Lower	_____ Sweat Pants
_____ Dress	_____ Sweat Shirt
_____ Eye Glasses	_____ Ted Hose
_____ Eye Glass Case	_____ TV /remote taped to TV
_____ Hat / Cap	_____ Undershirt
_____ Nightgown	_____ Underwear
_____ Pajamas	_____ Vest
_____ Pants / Slacks	_____ Walker / Cane
_____ Personal Chair (recliner / Geri)	_____ Wall Decoration
_____ Personal Papers	_____ Wallet
_____ Purse	_____ Wheelchair
_____ Quilt / Comforter	
_____ Radio	_____ Bag of Personal Items ***
_____ Robe	
_____ Shaver (Electric)	_____
_____ Shirt	_____
_____ Shoes	_____
_____ Shorts	_____

*** Could include perfume, make up, hair accessories, brush, comb, cards, photos, pencils, pens, address books, jewelry, etc.

On-site nursing facility staff should confirm no personal resident belongings are locked in the front office, nurses' station, nursing facility storage areas, or medication carts.

Other Nursing Facility Staff Role and Responsibilities

Activities staff have the responsibility to:

- ◆ offer increased meaningful activities during the relocation process
- ◆ utilize volunteers to increase resident social supports, especially for residents with dementia
- ◆ identify skills, strengths and preferences of residents to enhance the Person-Centered Discharge Planning process

Nursing staff, department managers and business office staff have the responsibility to:

- ◆ support the relocation process by serving in newly assigned roles
- ◆ complete specific resident relocation tasks as assigned
- ◆ insure care and services meet regulatory requirements
- ◆ participate in the Person-Centered Discharge Planning process
- ◆ report any concerns or resident needs to the facility administrator
- ◆ share special needs and preferences of residents with the placement workers to enhance discharge planning and continuity of care at the new residence

Other Nursing Facility Staff Guide During Nursing Facility Closure

NF Activities Staff

- _____ Share insights into resident's quality of life in this section of the Person-Centered Discharge Planning form
- _____ Increase meaningful activities during nursing facility closure
- _____ Schedule additional volunteers for group and 1:1 activities

NF Business Office

- _____ Share insights into resident's quality of life in this section of the Person-Centered Discharge Planning form
- _____ Fax resident information to potential residences
- _____ Route incoming calls appropriately
- _____ Direct visitors to placement worker or local closure team work room
- _____ Prepare an accounting of the resident's trust fund and disburse any balance at the time of transfer
- _____ Prorate PPA if necessary and forward any payment to receiving location
- _____ Complete change of address cards and mail to the local Post Office

Other NF Staff as Assigned by NF Administrator

- _____ Share insights into resident's quality of life in this section of the Person-Centered Discharge Planning form
- _____ Identify resident's belongings in storage or laundry
- _____ Insure all resident's items are clearly marked with his/her name
- _____ Assist the resident to inventory belongings
- _____ Assist the resident to pack belongings and clearly label boxes
- _____ Transfer resident's belongings to transfer vehicle
- _____ Support resident during the process

NF Nursing Staff

- _____ Complete sections of the Person-Centered Discharge Planning Form
 - Staff Insight Into Resident's Quality of Life
 - Behavioral/Emotional (when applicable)
 - Screen for Independent Living (when applicable)
 - Functional Assessment
- _____ Discharge resident in MDS system
- _____ Complete the discharge transfer form
- _____ Coordinate medication administration with scheduled transfer time
- _____ Copy Medication Administration Record and Treatment Administration Record just prior to the resident transferring to include in discharge transfer packet
- _____ Hand-deliver discharge transfer packet to transportation driver
- _____ Support resident during the process

Person-Centered Discharge Planning Form

Resident Name _____

Room Number _____

Placement Worker _____

Resident Gender: Male or Female

RESIDENT INTERVIEW (conducted by placement worker)

What type of setting would you like to live in? (return home, live with family, AFC, NF, etc.)

What would be important to you in this new environment? (safety, freedom, visitors, privacy, etc.)

What preferences do you have for your living arrangements? (preferred furniture, organized vs lived-in)

What makes you happy? _____

What do you enjoy doing? _____

What would you like to do that you don't do now? _____

How do you like your day to go? Describe your typical day _____

What specific preferences do you have for care delivery? (bath vs shower, meals/day, caregiver gender)

What is your lifestyle like? (morning vs night person, introvert vs extrovert, alone vs group activities)

Resident Name _____ Room Number _____

RESIDENT INTERVIEW continued

What is your ethnic/cultural background? _____

Are cultural activities ☐ Very important ☐ Somewhat important ☐ Not important at all

Needs/Preferences _____

What is your past or current religious affiliation(s) or denominations? _____

Spiritual or religious activities are ☐ Very important ☐ Somewhat important ☐ Not important at all

Needs/Preferences _____

Support System (family, friends, neighbors, religious or community members, staff)

Important Events (anniversaries, births, deaths)

Nicknames _____

Hobbies _____

Skills _____

Schooling (level completed, where) _____

Occupation (company, how long, retired) _____

Veteran (war time, branch of service) _____

Community Organizations _____

Family (spouse, children, grandchildren) _____

 Pets _____

Special residents or staff _____

How would you like to be welcomed at your new residence? (flowers, special meal, visitors, be left alone, announcement, attend activities, etc.) _____

Person-Centered Discharge Planning Form

Resident Name _____ Room Number _____

STAFF INSIGHT INTO RESIDENT'S QUALITY OF LIFE (completed by nursing facility staff)

What is the resident's preferred daily routine? (waking time, social interactions, nighttime activity, etc.)

What is comforting to the resident? (type of music, certain activities, food items, possessions, etc.)

Does the resident have favorite special foods or treats? (supplied by family/staff, ethnic, etc.)

What environment supports are available for the resident? (likes to sit by the window, prefers room door shut, sleeps with the lights on, likes to sit near the nurses station, etc.)

Person completing this section _____

Date _____

Person-Centered Discharge Planning Form

Resident Name _____ Room Number _____

RESIDENTS WITH BEHAVIORAL OR EMOTIONAL DIFFICULTIES (completed by nursing facility staff)

PSYCHOSOCIAL TRIGGERS

What emotions or situations trigger the resident? (Stressors, excitement, sadness, depression, outbursts)

Specific times or days it occurs? _____

Effective Interventions? _____

Person completing this section _____ Date _____

Person-Centered Discharge Planning Form

Resident Name _____

Room Number _____

SCREEN FOR RESIDENTS REQUESTING PLACEMENT IN AN INDEPENDENT OR RESIDENTIAL SETTING (completed by nursing facility staff)

Bathing	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Hygiene	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Dressing	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Telephone Use	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Shopping	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Food Prep	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Housekeeping	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Laundry	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Transportation	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Finances	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Mobility	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Eating	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance
Continence	<input type="checkbox"/> Independent	<input type="checkbox"/> Partial Assistance	<input type="checkbox"/> Total Assistance

Comments: _____

Person completing this section _____

Date _____

Person-Centered Discharge Planning Form

Resident Name _____ Room Number _____

FUNCTIONAL ASSESSMENT (completed by facility Nursing staff)

Check if applicable

- ☐ Dependent for feeding
- ☐ Incontinence Bowel _____ Bladder _____
- ☐ Dependent for bathing
- ☐ Dependent for dressing
- ☐ Tube feeding
- ☐ Elopement Risk Explain _____
- ☐ IV Therapy
- ☐ Infection: Acute _____ or Chronic _____ Type _____
- ☐ Needs Oxygen
- ☐ Pressure Ulcer(s) Location/Stage _____
- ☐ Dependent Transfer x1 _____ x2 _____ Mechanical Lift _____
- ☐ Wheelchair for Mobility
- ☐ Communication Aids (interpreter, communication board, sign language, hearing aid, etc.)

- ☐ Special Needs or Equipment _____

Upcoming appointment (doctor's name, purpose of visit or procedure, date, time, location, phone number)

Appliance on order (type, vendor, expected delivery date, contact name, phone number)

For relocation, how can the resident safely transfer?

- ☐ By ambulance (medically necessary)
- ☐ Wheelchair van with lift
 - ☐ Motorized wheelchair
 - ☐ Oversized wheelchair (check if it is: wide _____ heavy _____ high _____)
 - ☐ Resident does not own wheelchair – transportation must supply one for transfer
- ☐ Car (ambulatory, can self-transfer and can safely ride in seat with seatbelt)
- ☐ Car (needs assistance transferring, but can safely ride in seat with seatbelt)

Person completing this section _____

Date _____

Resident Belongings Packing List

Resident Name _____ Room number _____

New Residence _____	Transfer _____
	Date _____ Time _____
_____ Belts	_____ Skirt
_____ Bible	_____ Slippers
_____ Blouse	_____ Slip
_____ Boots	_____ Socks
_____ Books / Magazine	_____ Suit
_____ Bra	_____ Suspenders
_____ Coat / Jacket	_____ Sweater
_____ Denture: Upper / Lower	_____ Sweat Pants
_____ Dress	_____ Sweat Shirt
_____ Eye Glasses	_____ Ted Hose
_____ Eye Glass Case	_____ TV /remote taped to TV
_____ Hat / Cap	_____ Undershirt
_____ Nightgown	_____ Underwear
_____ Pajamas	_____ Vest
_____ Pants / Slacks	_____ Walker / Cane
_____ Personal Chair (recliner / Geri)	_____ Wall Decoration
_____ Personal Papers	_____ Wallet
_____ Purse	_____ Wheelchair
_____ Quilt / Comforter	
_____ Radio	_____ Bag of Personal Items ***
_____ Robe	
_____ Shaver (Electric)	_____
_____ Shirt	_____
_____ Shoes	_____
_____ Shorts	_____

*** Could include perfume, make up, hair accessories, brush, comb, cards, photos, pencils, pens, address books, jewelry, etc.

On-site nursing facility staff should confirm no personal resident belongings are locked in the front office, nurses' station, nursing facility storage areas, or medication carts.

Receiving Residence Role and Responsibilities

The receiving residence has the responsibility to thoroughly review the needs of potential residents for admission and appropriately plan for the resident's arrival to insure continuity of care and quality of life as defined by the resident.

The receiving location is responsible to:

- ◆ thoroughly review the resident's medical needs and living preferences
- ◆ support visits by interested residents and family members
- ◆ accurately represent available care and services
- ◆ support the physical relocation of the resident
- ◆ transport the resident's belongings
- ◆ prepare for the resident's arrival in accord with the resident's needs and preferences
- ◆ monitor the resident during the first 2-3 days after transfer for unexpected outcomes

Receiving Residence Guide During Nursing Facility Closure

The receiving residence can have a significant impact on the resident's transition. By reviewing and planning ahead of time for the resident's needs and preferences as described on the Person-Centered Discharge Planning form, the new residence is able to provide a warm, sensitive welcome tailored to the resident. This guide was created for transfer to other long term care residences, but many of the suggestions are applicable for the resident returning home or moving in with family, as well as community residences.

- _____ Share availability/occupancy information with local closure team members when contacted
- _____ Support on-site visits by residents and families
 - _____ Arrange for a tour – show visitor the actual room if possible
 - _____ Consider having the visitor join in a meal or activity
 - _____ Identify staff and residents to interact with the visitor – consider need for private conversations without the admissions staff
 - _____ Share written materials with the visitor including contact name and number
 - _____ Offer a follow-up visit if the visitor is interested
 - _____ Prompt visitor for questions or concerns
- _____ Review resident information faxed to you (face sheet, discharge plan, physician orders)
- _____ Thoroughly review resident's needs and preferences when considering acceptance
 - _____ If more information is needed, arrange an on-site visit with the resident
 - _____ For a Medicaid resident relocating to another Nursing Facility, SWCAA programs or "in-home" care in a voluntary closure, complete the LOC Eligibility tool upon admission
- _____ Contact the placement worker as soon as a decision regarding acceptance is made
 - _____ If at full occupancy, offer to add resident to the waiting list
- _____ Work with the closing nursing facility's scheduler to determine the best transfer date and time for the resident
- _____ Schedule transportation for the resident and his/her belongings
- _____ Offer to accompany the resident during the transfer

Receiving Residence Guide During Nursing Facility Closure Continued

Prepare for the resident's arrival

- _____ Prepare the resident's room – be sure resident's name is posted near the door
- _____ Consider how to welcome the resident
- _____ Create a "buddy" system with other residents, volunteers or staff
- _____ Contact the family to discuss the resident's transition needs and any concerns
- _____ Confirm arrival time with family/guardian and request their presence at arrival
- _____ Inform staff and residents of new resident's planned arrival time
- _____ Inform resident and family council presidents of new resident/family
- _____ Plan a special activity for the new resident – see discharge planning for ideas on comfort items or familiar activities
- _____ Determine how to support a resident with dementia in the new residence
- _____ Identify an individual to serve 1:1 as a greeter and guide for the first few days at the resident's request

Upon resident's arrival

- _____ Introduce the new resident to "buddy", caregivers and roommates
- _____ Council presidents should welcome resident and family
- _____ Ask the resident what would make them comfortable in the new surroundings
- _____ Orient resident to the lifestyle of the facility (facility tour, meal schedule, services)
- _____ Offer resident support in unpacking belongings and arranging personal items
- _____ Connect resident with other residents transferred from closing nursing facility
- _____ Distribute materials in transfer packet so staff on all shifts are knowledgeable of resident's care needs and preferences for activities and daily routine
- _____ Establish resident trust fund
- _____ Contact the local social security office to change resident's address on social security check, if necessary
- _____ For a resident with dementia, consider balancing the amount of interaction and assessment on the first few days with the resident's specific needs (too much interaction may cause greater confusion for the resident in a new surrounding)
- _____ Contact placement worker with any questions or concerns
- _____ Monitor resident closely for the first two or three days
- _____ Watch for signs of depression, stress, unexpected disorientation or elopement attempts
- _____ Determine interventions to better support resident's transition
- _____ Share transition observations of resident during follow-up calls or on-site visits by DSS, Ombudsman, and Nursing Facility Closure Coordinator

Hospice Service Provider Role and Responsibilities

The local Hospice service provider's role is to continue palliative care and end of life support services to current clients and their families during the relocation process.

The Hospice provider will be responsible to:

- ◆ educate residents and families about relocation options
- ◆ respond in a timely manner to referrals for Hospice services
- ◆ support the resident and family emotionally during the relocation
- ◆ coordinate Hospice services with resident's discharge
- ◆ function as placement worker for clients currently being served by Hospice

Hospice Service Provider Guide During Nursing Facility Closure

- _____ support the resident and family during the relocation
- _____ participate in local closure team meeting, if possible
- _____ collaborate with or serve as the placement worker during the discharge planning process
- _____ discuss placement concerns or barriers with local team members
- _____ schedule services to coordinate with resident discharge to insure no gap in services